

Council of Governors – Public Meeting

21 March 2023, 1.00pm – 3.00pm
Board Room, Murray Building

Agenda

ITEM	PURPOSE	LEAD	FORMAT	TIMING
CHAIRS BUSINESS				
1.	Welcome and Introductions	Information	Chair	Verbal
2.	Apologies for Absence	Information	Chair	Verbal
3.	Quorum and Declarations of Interest	Information	Chair	Verbal / ENC 1
4.	Minutes of Previous Meeting held on 17 January 2023	Approval	Chair	ENC 2
5.	Matters Arising and Action Sheet	Review	Chair	ENC 3
6.	Chairman's Report	Information	Chair	ENC 4
7.	Lead Governor Report	Information	Lead Governor	Verbal
8.	Managing Director Report	Information	Managing Director	ENC 5
SAFE				
9.	Quality Assurance Committee Chair update	Information	Miriam Davidson	ENC 6
10.	Quality priorities	Discussion	Ian Bennett	ENC 7
EFFECTIVE				
11.	Resource Committee Chair update	Information	David Redpath	ENC 8
EXPERIENCE				
12.	People Committee Chair update	Information	Mark Dias	ENC 9
13.	Health & Wellbeing Champion update	Information	Ada Burns	Verbal
14.	Patient Experience sub group update	Information	Sue Young	Verbal
WELL LED				

15.	Audit & Risk Committee Chair log	Information	Ken Readshaw	ENC 10	
16.	Integrated Performance Report	Information	COO	ENC 11	
17.	Finance Report	Information	Deputy Chief Finance Officer	Verbal	
18.	Deputy Lead governor appointment	Approval	Head of Governance & Co Secretary	ENC 12	
19.	Board walk rounds	Information	Non-Executive Directors	Verbal	
GOVERNANCE					
20.	Matters to bring to the attention of the Board	Discussion	Chair	Verbal	
21.	Reflections on Meeting	Discussion	Chair	Verbal	
22.	Any Other Business	Information	Chair / All	Verbal	
23.	Date of Next Meeting: 16 May 2023	Information	Chair		

ENC 1

Council of Governors Register of Interests

Board Member	Position	Declaration Details
Prof Derek Bell	Joint Chair	Trustee Royal Medical Benevolent Fund – no remuneration Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration Centre for Quality in Governance – Dormant Ltd Company Sel clinical advisor for SDEC
Steve Bell	Governor	NIL
Rachel Booth-Gardiner	Governor	Brother employed as Nutrition Coordinator at South Tees Hospitals NHS Trust
Lisa Bosomworth	Governor – Healthwatch South Tees	NIL
Yvonne Teresa Bytheway	Governor	Therapeutic Care Volunteer – James Cook University Hospital Member of UK Royal Voluntary Service – Home (telephone message service) Manager – Providing voluntary weekly craft sessions for local elderly community Member of Prostate Cancer Support Group – Providing support to members – Middlesbrough Teaching Support – Providing teaching support for NHS medical students – James Cook University Hospital
Cllr David Coupe	Governor	NIL
Janet Crampton	Governor	Trustee of Olive & Norman Field Charitable Trust. Trustee of The Forum, Northallerton Chair of Dementia Friendly Hambleton
Prof Paul Crawshaw	Governor	Chair of Healthwatch South Tees
Dr Sarah Essex	Governor	Cancer Research Team Lead
Paul Fogarty	Governor	Member of Patient Participation Group at Linthorpe Surgery, Middlesbrough

		Member of James Cook Hospital P.L.A.C.E team Therapeutic care volunteer Age uk Digital Champion volunteer
Dr John Fordham	Governor	NIL
Rebecca Hodgson	Governor	NIL
Allan Jackson	Governor	NIL
Carlie Johnston-Blyth	Governor	NIL
Prof Steve Jones	Governor	Head of School of Medical Education at Newcastle University Responsible for medical students teaching and the physicians associate programmes run by Newcastle University. Both are placed in South Tees for training and the Trust receives payment for these placements.
Graham Lane	Governor	Chair - North Yorkshire Haematology Support Group Partner is Project Manager at NECS
Elaine Lewis	Governor	Patient participation group Danby Surgery
Zahida Mian	Governor	Son employed by Kingsgate as an Associate Healthcare Consultant to the NHS
Jean Milburn	Governor	Senior lecturer in the School of Health and Life Sciences Teesside University
Lee O'Brien	Governor	CEO Carers Together Foundation. Carers Together is not commissioned by the Trust but it has received funding from NHSI/E
Dr Isaac Oluwatowoju	Governor	Associated Pastor at Living Water Parish of the Redeemed Christian Church of God. Non-profitable organization and no remuneration.
Prof Shaun Pattinson	Governor	NIL declarations but other professional roles include: Fellowships/memberships of various professional organisations (Royal Society of Arts, Royal Society of Biology, and Society of Legal Scholars) Membership of various academic journal editorial boards (Journal of Bioethical Inquiry and The Biologist)
Nigel Puttick	Governor	NIL

Patrick Rice	Governor	Redcar and Cleveland Borough Council are part of the Health and Care Partnership. Joint working occurs in relation to Hospital discharges.
Angela Seward	Governor	Chair of Patient Participation Group (PPG) for Barnard Castle Surgery, County Durham Member of Countywide Patient Reference Group (PRG) (County Durham) - meets monthly with NENC ICB (CD) Member of the County Durham Health and Care Engagement Forum - meets monthly with NENC ICB (CD) Member of local PCN (Primary Care Network) PRG, which meets quarterly
Sophie Walker	Governor	TBC
Cllr Steve Watson	Governor	NIL
Jon Winn	Governor	NIL
Sue Young	Governor	Member of Patient Participation Group at Quakers Lane Surgery, Richmond

**Unconfirmed minutes of the Council of Governors Meeting held in PUBLIC
on 17 January 2023 at 1.00pm
in the Board Room James Cook University Hospital & via Microsoft Teams**

Present:

Prof Derek Bell	Joint Chairman of the Trust and Chair of the meeting
Mr Steve Bell	Elected governor Staff
Ms Lisa Bosomworth	Representative of Appointed governor, Healthwatch
Mrs Yvonne Bytheway	Elected governor, Middlesbrough
Cllr David Coupe	Appointed governor, Middlesbrough Council
Mrs Janet Crampton	Elected governor, Hambleton & Richmondshire
Dr Sarah Essex	Elected governor, Staff
Mr Paul Fogarty	Elected governor, Middlesbrough
Dr John Fordham	Elected governor, Patient and/or Carer
Ms Carlie Johnston-Blyth	Appointed governor, Teesside University
Mr Graham Lane	Elected governor, Hambleton & Richmondshire
Ms Zahida Mian	Elected governor, Redcar & Cleveland
Dr Isaac Oluwatowoju	Elected governor, Staff
Prof Shaun Pattinson	Appointed governor, Durham University
Mrs Angela Seward	Elected governor, Rest of England
Ms Rachael Booth	Elected governor, Middlesbrough
Prof Steve Jones	Appointed governor, Newcastle University

In attendance:

Ms Miriam Davidson	Non-executive Director
Ms Alyson Gerner	Associate Non-executive Director
Mr Ken Readshaw	Non-executive Director
Mr Brian Simpson	Head of Financial Governance & Control
Mrs Jackie White	Head of Governance / Company Secretary
Ms Ali Wilson	Non-executive Director
Mrs Ada Burns	Non-executive Director
Prof Rudy Bilous	Associate Non-executive Director
Mr Mark Dias	Non-executive Director
Mr Carter Ferris	Non-executive Director
Mr David Redpath	Non-executive Director
Mr Ian Bennett	Deputy Director of Quality & Safety
Mr Sam Peate	Chief Operating Officer

CoG/22/80 CHAIR'S BUSINESS

Welcome and Introductions

Prof Bell welcomed all Governors to the meeting and asked for feedback on their development session. Mrs Seward advised that the morning sessions had been good with updates on the Digital strategy and the work of Our Hospitals Charity.

Professor Bell asked colleagues if there were areas which they wished to focus on at the next session and it was agreed to hear from Maternity and from Estates.

Professor Bell advised that Mr Oxley, Director of Estates, Facilities and Capital Planning would also be retiring and leaving the Trust at the end of March 2023 but he was sure would want to come and meet with the Council prior to leaving.

CoG/22/081 Apologies for Absence

Apologies for absence were received from:

Ms Ann Arundale	Elected governor, Middlesbrough
Prof Paul Crawshaw	Appointed governor, Healthwatch
Mr Allan Jackson	Elected governor, Redcar & Cleveland
Mr Lee O'Brien	Appointed governor, Carer Organisation
Mrs Anita Keogh	Corporate Affairs Officer/PA to Joint Chairman
Cllr Steve Watson	Appointed governor, North Yorkshire County Council
Mr Jon Winn	Elected governor, Redcar & Cleveland
Mrs Sue Young	Elected governor, Hambleton & Richmondshire
Ms Rebecca Hodgson	Elected governor, Middlesbrough
Mr Mike Holmes	Elected governor, Hambleton & Richmondshire
Ms Elaine Lewis	Elected governor, Patient and/or Carer
Ms Jean Milburn	Elected governor, Middlesbrough
Mr Nigel Puttick	Elected governor, Hambleton & Richmondshire
Mr Patrick Rice	Appointed governor, Redcar & Cleveland Borough Council

The following Non-executive Directors submitted their apologies:

Mr Richard Carter-Ferris Non-executive Director & Vice Chair

CoG/22/082 Declarations of Interest

Mrs White confirmed that the meeting was quorate. There were no other new interests declared and no interests declared in relation to the agenda.

CoG/22/083 Minutes of Previous Meeting

The minutes of the previous meeting were approved as an accurate record.

Resolved: i) the minutes of the previous meeting were accepted as an accurate record

CoG/22/084 Matters Arising and Action Sheet

It was agreed that the matters arising would be updated and circulated separate as Mrs Keogh was absent.

CoG/22/085 Chairman's Report

Prof Bell referred members to his written report and added that he wished to convey his thanks and the thanks of the Trust for Council of Governor members contributing to the CQC inspection. He added that the initial feedback was very high level and Mrs White will provide an update later in the agenda and that hopefully the written report should be with the Trust in March.

In addition to his report Professor Bell updated members on the industrial action which was due to take place during January. He advised that colleagues had been working hard to ensure that systems and processes were in place to be able to care safely for patients during this time.

Resolved

The Council of Governors NOTED the update

CoG/22/086

Lead Governor Report

Mrs Angela Seward, Lead Governor, welcomed members to the meeting. Mrs Seward commented that she was sorry that Mrs Keogh is unwell and would like to send flowers to her and if anyone would like to contribute to get in touch.

Mrs Seward welcomed Mrs Crampton and Ms Hodgson as re-elected members. Also Ms Walker and Ms Booth-Garner as new governors. Mrs Seward also took the opportunity formally thank Mr Bell who was leaving the Trust and Mr Oxley, Director of Estates, Facilities and Capital Planning who is retiring at the end of March 2023.

Mrs Seward thanked governors for attending the pre CQC meeting and the meeting with the CQC, noting that there were 13 governors present. She added that the governors who asked questions really did the Trust proud and demonstrated an engaged Council.

Mrs Seward commented that she has been taking a bit of leave and therefore had not had the opportunity to attend recent meetings across South Tees and North Tees.

Mrs Seward mentioned that North Tees had appointed a new lead governor Mrs Angela Warnes and that a joint letter had been sent to all governors about the joint work which was taking place across the two Trusts.

Finally Mrs Seward mentioned the recent press releases and information shared with governors recently.

Resolved

The Council of Governors NOTED the update

CoG/22/087

Managing Director Report

Mr Harrison attended the meeting and referred members to his report. He highlighted a number of areas including emergency pressures and the winter plan which members had received an update on at a previous meeting, the virtual ward and SDEC at the Friarage.

Mrs Crampton asked regarding corridor care and the examples that had been on the media recently and Mr Harrison advised that there have been occasions during the winter of patients waiting 24 hours for a bed but that this was a rare occasion and the levels of waiting are now closer to normal levels. He added that the Trust are looking at plans to support this.

Cllr Coupe commented that he had been made aware of a patient who had attended ED and had left after waiting 8 hours. Mr Harrison advised that the activity levels within ED have been extremely high and with bed occupancy being high as well there is a lot of pressure in the system. Cllr Coupe asked if the

pressure related to a rise in Flu and COVID and Mr Harrison confirmed that was the case along with other respiratory illnesses.

Prof Patterson commented that in November 2022 there was less than 50% of staff vaccinated against the flu and asked what the current level was. Mr Harrison advised he was unsure presently but would find out and commented that the Trust were reviewing the learning from the vaccination programme this year to look at ways of increasing the vaccination rates next year.

Prof Jones commented in relation to the strike action with regard to Junior Doctors and asked that the Trust also continue to prioritise medical education as well as patient safety. Mr Harrison concurred.

Finally Mr Harrison commented on the CQC to confirm that the CQC had commented on the good engagement and responsiveness of the Trust. He advised that the inspection has now concluded and the report will be received in due course. He added that the CQC were interested in the unique approach that the Chief Executive and Management Director take and the way they work together which was discussed in detail and the way in which the work is shared. In addition the roll out of the distributed leadership work that was being taken forward throughout the Trust.

Mrs Crampton commented that it was useful to understand the role of the Chief Executive and Managing Director but it would be nice for the Chief Executive to attend the Council of Governors on occasion.

Resolution

The Council of Governors NOTED the Report

CoG/22/088

CQC update

Mrs White updated on behalf of Dr Lloyd who was unable to attend. She highlighted that very high level feedback had been received by the Trust following the CQC inspection. She raised three areas, Governance, Board and Culture. She confirmed that they did not raise any further issues and advised on the next steps. Finally Mrs White confirmed that the CQC had thanked the Trust for the way staff were open and honest with them.

CoG/22/089

Quality priorities update

Mr Bennett attended and shared several slides on the quality priorities for 2022/23 which governors had contributed to. Mr Bennett updated that of the 8 quality priorities 7 are on track and 1 off track. Mr Bennett took members through each of the 8 quality priorities and updated on the specific progress.

Mrs Seward raised regarding nutrition and hydration and asked who records what a patient has eaten and how do you know. Mr Bennett advised that the MUST assessment is undertaken and if nutritional needs are identified the appropriate documentation such as fluid charts are included in the records. Anyone caring for the patient can write into the chart records. Regular assurance rounds are undertaken by the senior nurses with focus on nutrition and hydration.

Cllr Coupe, previously on an evening there was only sandwiches available which may not have been suitable for patients and this needs recording. Mr Bennet confirmed that a review of meal times and menus has been undertaken and therefore you would see a difference in terms of the variety of what was available.

CoG/22/090 Integrated performance report

Mr Peate attended the meeting and gave an update on performance at the Trust. He advised that the Trust remains in segment 3, mandated support for significant concerns as reported previously. Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan.

Emergency care performance was below than the regional and national position, reflecting wider challenges within social care and other parts of the health and care system. 4-hour target and 12 hours from decision to admit continue to be areas of focus.

Elective access (RTT 18-week standard) remains stable, improving in September, in contrast to the England trend.

The number of patients waiting more than 78 weeks for non-urgent elective treatment is reducing ahead of trajectory. Outpatient and elective day case activity drove COVID recovery in September.

Diagnostic compliance remains an area of focus, with activity and performance plans in place.

28-day standard performance improved again in September, as has 14-day. As patients with longer waits are treated 62-day standard is expected to recover by end 22/23.

Cllr Coope asked regarding the patients who have caught COVID / Flu from hospital. Mr Harrison commented that the way the Trust set out its approach to COVID was to prevent the spread in the hospital. He added that the Trust had the lowest nosocomial rates in the country. However there is still a need to ensure that the whole system work on treating patients in the right place.

Mrs Crampton asked whether the Trust was working with the care home sector with regard to discharge from the Friarage and Friary. Mr Peate confirmed that it was and there were positive stories and relationships being built.

Resolution

The Council of Governors NOTED the Integrated Performance Report

CoG/22/091 Finance Report

Mr Simpson, Head of Financial Governance and Control gave a verbal update at month 8. He advised that the Trust were £3.3m behind plan with the main reasons being agenda for change where the national funding is less than the costs and the elective recovery fund due to issues in north Yorkshire and level of financing. With regard to the forecast he added that we are still saying we are on plan and working on mitigation and funding available. Discussions have been positive in these areas. As end of November there is £53m in the bank which is higher than plan which has been reduced in December due to PFI payment. Regarding capital programme the plan is £34.7m and we have spent £15.1m at November slightly behind plan and expect to achieve the plan. We continue to pay all invoices on time.

Resolution

The Council of Governors NOTED the update

CoG/22/092 NED Walkrounds

Prof Bell invited all Non-Executive Directors present at the meeting to provide details of any service visits to Governors.

Ms Wilson – attended STAR awards recently and was able to meet with staff who had been nominated for an award and participated in a Schwartz round.

Mr Dias – attended a Schwartz round and found it really useful and has also become a member of the Seacole ground of non executive directors with a BAME background

Mr Carter Ferris – discussed the work around the preparation for CQC and joint working with North Tees vice chair

Professor Bilous – attended STAR awards and participated in Consultant recruitment panels.

Ms Burns – visited maternity recently as part of her health and wellbeing walkrounds which had been positive.

Ms Davidson – attended STAR awards and participated in the Maternity Voices Partnership group recently.

CoG/22/093 Introductions – new Non executive directors

Prof Bell invited those newly appointed Non-Executive Directors present at the meeting to introduce themselves to Council of Governors.

Ms Gerner thanked members for giving her the opportunity to introduce herself. She is very committed to helping support the north east. She advised that she has had 3 careers including pharmacy, commercial role focusing on procurement and finally as Department of Education and latterly moved into Finance based roles. She confirmed she is an associate non executive director and on a very steep learning curve.

CoG/22/094 Committee Chairs' Log

Copies of all available Committee Chairs' logs were included in the set of papers for Council of Governors.

Professor Bell offered Chairs of Committees the opportunity to highlight any areas of interest for Governors.

Mr David Redpath – Resources Committee

Mr Redpath added that he also attended the CIP Board and gave assurance around the robustness of the work of the group and process and governance in place. He highlighted that the Collaboratives had taken ownership of their CIPs and going above and beyond in some areas.

Mr Ken Readshaw – Audit & Risk Committee

Mr Readshaw highlighted 4 areas covered by the Committee and advised that there were no issues to highlight to the Council but that in June he would expect to discuss a number of end of year reports. Mr Readshaw discussed that a financial sustainability checklist assessment was undertaken by the Trust, which was a huge piece of work for the Finance team. Internal audit reviewed the response to the self assessment and the Trust was placed in a strong position.

Ms Miriam Davidson – Quality Assurance Committee

Ms Davidson updated on a number of areas which the Committee had been receiving assurance on including research and development, maternity etc. She discussed the work happening at South Tees following the review of the East Kent report.

Mr Mark Dias – People Committee

Mr Dias referred to his chairs log and highlighted additional areas including working with North Tees on collaboration and culture and work which is taking place around learning from areas such as bullying and sickness absence.

Ms Sue Young – Patient Experience Group

This report was deferred to the next meeting as Ms Young was not present at the Council of Governors

Mrs Janet Crampton - Membership and Engagement Group

Mrs Crampton updated that the group were focussing on two areas – ethnicity and young people. Mrs White updated that she was working with Trust colleagues on developing a young person council. Ms Bosomworth raised that she was currently working across the Tees Valley on a Youth Watch and would be very interested in aligning the work with the Trust.

CoG/22/095 Matters to bring to the attention of the Board

Nothing raised.

CoG/22/096 Reflections on Meeting

There were no reflections on the meeting.

CoG/22/097 Any other business

Ms Bosomworth advised members that she was working with the Trust to support the patient involvement team in developing the patient experience strategy and would welcome involvement at the sessions from governors. It was agreed that Mrs White would circulate the details of the sessions.

Waiting well programme – Ms Bosomworth also confirmed that Healthwatch were running the waiting well programme and she would circulate details to members if they wanted to get involved.

CoG/22/098

Date of Next Meeting

The next meeting of the Council of Governors is scheduled to take place on Tuesday, 21 March 2023 at James Cook Hospital.

Council of Governors Action Log (meeting held in Public)

Date of Meeting	Minute no	Item	Action	Lead	Due Date	Comments	Status (Open or Completed)
15.11.2022	CoG/22/067	Lead Governor Report	Mrs White to confirm answer on the Terms of Reference of the Patient Experience Group meeting to Governors	Jackie White	17.01.2023		
15.11.2022	CoG/22/067	Lead Governor Report	Mrs Keogh to circulate the slides used by Al Mulley at recent session to Council of Governors for consideration	Anita Keogh	17.01.2023		
15.11.2022	CoG/22/067	Lead Governor Report	Anita Keogh to send separate e-mail to Governors asking for confirmation if they are able to attend future meetings to avoid missing acceptances sent via the meeting request	Anita Keogh	17.01.2023		
15.11.2022	CoG/22/069	Performance Report	Ms Lucy Tulloch to ask Ms Lindsay Garcia to provide an answer to Governors regarding sepsis results	Lucy Tulloch	17.01.2023		
15.11.2022	CoG/22/069	Performance Report	Mrs Jackie White to organise a development session around complaints	Jackie White	17.01.2023		
15.11.2022	CoG/22/075	Committee Chairs' Log	Ms Miriam Davidson to bring a short update on the East Kent Report to the next Council of Governor meeting on the 17 January 2023	Miriam Davidson	17.01.2023		
15.11.2022	CoG/22/078	Any other business	Ms Wilson and Mrs White to discuss how best to bring items back to Council of Governors	Ali Wilson - Jackie White	17.01.2023		

MEETING OF THE COUNCIL OF GOVERNORS – 21 MARCH 2023			
Joint Chairman's update			AGENDA ITEM: 6, ENC 4
Report Author and Job Title:	Jackie White Head of Governance & Company Secretary	Responsible Director:	Professor Derek Bell Joint Chairman
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Joint Chairman's update		
Background	The following report provides an update from the Joint Chairman.		
Assessment	The report provides an overview of the health and wider related issues.		
Recommendation	Members of the Trust Board are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Joint Chairman's Update

1. Introduction

This report provides information to the Council of Governors on key local, regional and national issues.

2. Key Issues and Planned Actions

2.1 Collaborative Working

Since the last report, the Joint Partnership Board has met on 18 January and 15 February 2023. We agreed a set of principles which are;

- The very best care for everyone
- Equity of access to services and outcomes
- Respect, compassion and dignity in everything we do
- Learning from all, everyone counts
- Improving lives by working together across the communities we serve
- Using all possible resources effectively

Over the coming weeks, a Joint Programme Group will be formed to coordinate and deliver all of the tasks required to achieve our collective ambitions.

2.2 Operational Planning Guidance 2023/24

The Operational Planning Guidance and Priorities for 2023/24 was published on 23 December with a focus on further reducing elective long waits and cancer backlogs; improving ambulance response times and A&E waiting times; improve access to primary care services; progress delivery of the Long Term Plan and continue to transform the NHS for the future

2.3 NHS Confederation Session Briefing for Chairs

NHS Confederation held a briefing session for Chairs on 12 December which focused on the Covid-19 inquiry. The inquiry was covering four areas: preparedness; the public health response; the response in the health and care sector and our economic response and had reached the third phase. This phase would consider the impact of Covid-19 on people's experience of healthcare; core decision-making and leadership within healthcare systems during the pandemic; staffing levels and critical care capacity and healthcare provision and treatment for patients.

2.4 Board Development

During March we held a board development sessions which focussed on IPC and the Patient Safety Incident Response Framework (PSIRF) and an update on the planning process for 2023/24.

3. Recommendation

The Board of Directors are asked to note the content of this report.



South Tees Hospitals
NHS Foundation Trust

Professor Derek Bell
Joint Chair

MEETING OF THE COUNCIL OF GOVERNORS – 21 MARCH 2023			
Managing Director update			AGENDA ITEM:
Report Author and Job Title:	Jackie White Head of Governance	Responsible Director:	Managing Director
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Managing Director update		
Background	The following report provides an update from the Managing Director.		
Assessment	The report provides an overview of the health and wider related issues.		
Level of Assurance	Level of Assurance: Significant <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>		
Recommendation	Members of the Council of Governors are asked to note the contents of the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Best for safe, clinically effective care and experience <input checked="" type="checkbox"/>	A great place to work <input checked="" type="checkbox"/>	
	Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/>	Make best use of our resources <input checked="" type="checkbox"/>	
	A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/>		

Managing Director Update

CQC 2022 maternity survey

In January the Care Quality Commission (CQC) published the results of its 2022 National Maternity Survey.

Between April and August women aged 16 and over who gave birth in the trust's hospitals in February 2022 were sent a questionnaire about the maternity unit and the care they received.

Findings from the survey show that the trust continues to perform better than expected. Women who responded to the survey said they felt supported through their pregnancy and had confidence and trust in the staff caring for them during their labour and birth.

Results from the survey show maternity services were rated much better than most NHS trusts for one question, better than most for six questions and somewhat better than other trusts for seven questions, with remaining questions in line with the national average.

The report found that the maternity colleagues:

- Listen to mothers during labour and birth and takes any concerns raised seriously
- Provide information during antenatal check-ups to help mothers decide where to have their baby and treats them with respect and dignity
- Give appropriate information and advice on the risks associated with an induced labour, before mothers are induced
- Provide help and advice about a baby's health and progress in the six weeks after birth
- Make sure that mothers are involved in decisions about their postnatal care

NHS 2023/24 Planning Guidance

NHS planning guidance for 2023/24 was published on 23 December. The trust's Clinical Policy Group has been reviewing next year's guidance as part of its six-monthly improvement planning cycle.

A board development session and extra ordinary Resources Committee meeting has been held to go through the details and planned submissions and governance.

Hospital group formation

In January 2023, South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust agreed to form a hospital group to strengthen the way both organisations work together.

The development follows the creation in 2021 of a joint chair role for both organisations and comes as our two trusts continue to look beyond the pandemic to:

- Improve the recruitment and retention of specialist doctors and nurses.
- Join with local communities and partners to help improve the health and wellbeing of the populations they serve.
- Secure the capital investment needed to rebuild and upgrade existing hospital facilities in Teesside and North Yorkshire.

Under the hospital group model, each trust will remain as statutory organisations in their own right and are not merging. The new group model will be developed over the next two years, with a strong focus on place-based working with communities and partners across Teesside, North Yorkshire and neighbouring areas.

As hundreds of thousands of patients, service users and families in Teesside and North Yorkshire know, the two trusts' local hospitals have been working together over many years.

By formalising this partnership working through the creation of a hospital group, the two trusts will be better able to retain and attract specialist doctors and nurses in hard-to-recruit areas through better joint workforce planning and collaboration on both trusts' shared goals.

Cardiovascular research appeal

The Teesside heart unit marks its 30th anniversary this year and there is to be new base for heart research on Teesside.

The creation of a cardiothoracic research unit at The James Cook University Hospital includes the creation of a dedicated clinical setting for patients in research trials as well as a reception, patient waiting area, new office space and a meeting room.

The new Academic Cardiovascular Unit will focus on research which prevents heart attacks, develops exercise programmes in patients with heart problems and makes better use of data and digital technology in research.

Base of skull conference

For the first time, the trust's base of skull team organised the annual meeting of the UK's leading society for skull base surgery (The British Skull Base Society) in January.

The British Skull Base Society is the UK's society for clinicians involved in the care of patients with skull base pathology. It aims to raise the standards of clinical care in the field of skull base medicine and acts as a professional advisory body to other groups including government agencies. Its members come from many disciplines including otolaryngology, neurosurgery, oncology, maxillofacial surgery and nursing.

Clinicians and health care professionals came together to cover a range of key topics including developing paraganglioma guidelines, paediatric skull base surgery, and proton beam therapy.

Industrial action

A number of trades unions representing NHS staff are currently in dispute with the government over the 2022/23 national pay award. Several unions have previously balloted their NHS members to take part in industrial action and strike action has taken place during December, January, February and March. On strike days, NHS plans are put in place for hospitals and services affected by industrial action to ensure the safety and wellbeing of patients and staff.

Friary hospital works

An update on the Friary hospital works has been issued direct to the Council of Governors but to summarise NHS Property Services (NHSPS) has supported the building's landlord, Primary Medical Property Investments Limited (PMPIL) to enable a full survey to be completed that provides an accurate and detailed specification of the further work which needs to take place elsewhere in the building.

The Managing Director of PMPIL has advised that the additional work will take around 10 weeks to complete and has provided a long-stop date for completion of June.

2. RECOMMENDATIONS

The Council of Governors is asked to note the contents of this report.

Meeting: Quality Assurance Committee	Date of Meeting: 22/02/2023
Connecting to: COG	
Key topics discussed in the meeting	
<p>The following Assurance reports were discussed:</p> <ul style="list-style-type: none"> • Board Assurance Framework... 7 reports at the February QAC meeting provided assurance against a number of principal risks. A new risk was identified referred to the backlog of incidents (graded moderate or low) , which has been added to the risk register is being addressed and will be further reported to QAC. <p>WELL LED</p> <ul style="list-style-type: none"> • Monthly Integrated Quality and Performance Report, provided moderate assurance . In this latest report complaints closed within target increased to 71 %, C-Difficile appears in this report to be flattening and in terms of Patient Experience, the Friends and Family test scores are positive . • CQC Assurance report...described progress made for current and ongoing compliance with CQC standards and inspection frameworks . • Quality Priorities , Q3 Progress report , 8 quality priorities for 2022/2023 under the domains of patient safety, clinical effectiveness and patient experience. • Staff from Emergency Department delivered a presentation describing the arrangements in place to mitigate the impact of waiting times and the environment and facilities improvements for both patients and staff. <p>SAFE</p> <ul style="list-style-type: none"> • Maternity Services Update report, the reports provide the Board oversight that maternity and neonatal services are meeting safety standards and providing high quality care. QAC agreed the report provided a moderate level of assurance . • Patient Safety Incident Management report..the report has been considered at the Patient Safety Steering Group , QAC agreed the report provided moderate assurance . 	

- NICE Clinical Audit and Service Evaluation report... QAC noted the strengthened arrangements and improvements anticipating full compliance by end of Q4.

Chairs' Logs of Sub-Groups

- CQC Compliance Group ...no escalated actions, no risks identified.
- Safer Medication Practice Group... no report
- Health and Safety sub-group....no report
- Safe and Effective Care Strategic Groupa number of issues identified with actions and timescales in place.

Actions	Responsibility / timescale
<ul style="list-style-type: none"> • An update report on Community services CQC report requested • Consideration to what additional assurance can be provided around fragile and vulnerable services 	<p>Report for QAC , March 2023 , Ms M Angel</p> <p>Update for QAC , April 2023 , Ms J White</p>
Escalated items	
<p>Reflections about the meeting.... QAC agreed there were a number of particularly positive messages from the agenda including the improved C-Difficile rates, the levels of clinical audits , the improved metrics for patient experience in ED and the overall feedback of patient experience in the Family and Friends Tests.</p>	
Risks (Include ID if currently on risk register)	Responsibility / timescale
No risks to add.	

MEETING OF THE COUNCIL OF GOVERNORS – 21 MARCH 2023			
Proposed Quality Priorities 2023/24			AGENDA ITEM:
Report Author and Job Title:	<p>Philippa Imrie Compliance Manager</p> <p>Ian Bennett Deputy Director of Quality</p>	Responsible Director:	Dr Hilary Lloyd, Chief Nurse
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This paper sets out the Trusts proposed Quality Priorities for 2023/24.		
Background	<p>Providers of NHS healthcare are required to publish a Quality Account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 and will be made available to the public.</p> <p>As part of the annual Quality Account, the Trust must identify its quality priorities for the coming year and demonstrate associated stakeholder engagement.</p> <p>As in previous years, NHS foundation trusts' governors need to select the local indicator for assurance.</p>		
Assessment	<p>Our draft quality priorities for 2023/24 have been identified based on:</p> <ul style="list-style-type: none"> • Our progress against the quality priorities for 2022/23. • Themes highlighted from our ward and department accreditation scheme. • Actions identified from the 2022 CQC inspection and progress with related work. • Analysis of our complaints and PALS enquiries. • Analysis of our patient safety incidents. • Local and national audit. • National priorities for quality improvement. <p>The draft quality priorities were also been shared at the Clinical Policy Group on 28th February 2023</p>		
Level of Assurance	Level of Assurance:		

	Significant <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/>
Recommendation	<p>For the Council of Governors to:</p> <p>Note the quality priorities which are proposed and how they have been developed.</p> <p>Confirm the one selects local indicator for assurance.</p> <p>Receive an update at a future meeting as part of the final quality account, including the metrics and measures for each priority.</p>
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>All relevant risks are included on the risk register and are aligned with the BAF.</p>
Legal and Equality and Diversity implications	<p>There are no legal or equality & diversity implications associated with this paper and equality.</p>

Proposed Quality Priorities for 2023/24

Background

This paper describes our proposed quality priorities for 2023/24. These were chosen after considering:

- Our progress against the quality priorities for 2022/23.
- Themes highlighted from our ward and department accreditation scheme.
- Actions identified from the 2022 CQC inspection and progress with related work.
- Analysis of our complaints and PALS enquiries.
- Analysis of our patient safety incidents.
- Local and national audit.
- National priorities for quality improvement.

As in previous years, NHS foundation trusts' governors need to select the local indicator for assurance.

Detail

The proposed priorities were presented and discussed at the Clinical Policy Group on 28 February and feedback has been incorporated.

The proposed leads for the priorities have been contacted and asked to provide:

- The rationale for choosing the priority – why are we doing it?
- What will we do?
- How will we do it?
- How will it be measured?
- Expected outcome?

Quality Priorities	Who will lead it?	
	Operational leads	Executive lead/s
Patient Safety		
We will continue to develop a positive safety culture, in which openness, fairness and accountability is the norm.	Kate Jones Vince Connolly	Michael Stewart
We will continue to optimise the Trust's ability to learn from incidents, claims and inquests to improve outcomes for our patients	Kate Jones Vince Connolly	Michael Stewart

We will increase medication safety and optimise the benefits of ePMA	Julie Swaddle	Michael Stewart
Clinical Effectiveness		
We will ensure continuous learning and improved patient care from GIRFT and clinical audits	Karen Conyers (CE Lead) Ian Bennett Vince Connolly	Michael Stewart
We will strengthen the mortality review processes, ensuring learning from deaths is triangulated and shared	Tony Roberts Di Monkhouse	Michael Stewart
Patient Experience		
We will implement the Patient Experience Strategy that has been developed in collaboration with our patients, careers and Healthwatch	Jen Little Ian Bennett	Hilary Lloyd
We will develop and implement a Mental Health Strategy in order to improving care and share learning for our patients who have mental ill health	Allan Brownrigg	Hilary Lloyd
We will develop and implement shared decision making and goals of care	Matt Clarke Lindsay Garcia Allan Brownrigg	Michael Stewart / Hilary Lloyd

Summary and Next Steps

These quality priorities continue to be developed further with a clear rationale, metrics and measures.

Member of the group are asked to:

- Note the quality priorities which are proposed and how they have been developed.
- Confirm the one selects local indicator for assurance.
- Receive an update at a future meeting as part of the final quality account, including the metrics and measures for each priority.

Resources Committee Chair's Log

Meeting: Resources Committee	Date of Meeting 16.02.23
Highlights for: COG	Date of Meeting: 21.03.2023
Overview of key areas of work and matters for COG	
<p>Extra ordinary meeting to present the initial 2023/24 draft plan to members. Mr Hand set out the plan and deficit as measured on a system financial basis.</p> <p>Timescales for submission were confirmed and the risks discussed.</p> <p>The Committee agreed the plan and the governance set out in the presentation and report and were assured that there is a process in place.</p>	
Actions to be taken	Responsibility / timescale
Further sessions with the Board prior to sign off and a report to the March Resources Committee on the final submission	Chris Hand
Board action	Responsibility / timescale
Matters for escalation were discussed direct with the Board at a Board development session in March	
Risks (Include ID if currently on risk register)	Responsibility / timescale
Risks were discussed in the meeting with regard to income, ERF, inflation, COVID, high cost drugs and reserves.	

People Committee Chair's Log

Meeting: People Committee	Date of Meeting: 08.03.2023
Highlights for: COG	Date of Meeting: 21.03.2023
Overview of key areas of work and matters for Board.	
<p>Board Assurance Framework - BAF reviewed and confirmed assessments on assurance ratings.</p> <p>Freedom to Speak Up- Committee reviewed progress since Sept 2022. Progress to align triangulation with HR processes (disciplinary/grievance) and staff survey. Focusing interventions and leadership engagement.</p> <p>Health & Wellbeing - Committee reviewed targets and measures to underpin improvement in Health & Wellbeing.</p> <p>North Tees & South Tees Collaboration discussed.</p> <p>Performance & Progress Reporting reviewed.</p> <p>Deep Dive – Staff Health & Wellbeing</p>	
Actions to be taken	Responsibility / timescale
<p>Deep Dive – Absence Management Absence remains above plan and trust is carrying and substantial direct (and indirect) cost. HRD is leading on actions to support employees. Four assurance areas identified in deep dive:</p> <ol style="list-style-type: none"> 1. Capability of line managers in absence management 2. Quality audit of absence processes, e.g. timing and quality of line manager & employee engagements. 3. SMART targets to be finalised by collaborative. 4. Financial impact assessment by collaborative <p>The committee reinforced the need to support employees and for decisions to be mindful of the ST values and just culture.</p> <p>Payroll</p>	

<p>Payroll errors continue to cause concern with errors clearly affecting staff morale.</p> <p>Employee Relations Committee informed on actions supporting ongoing employee & industrial relations matters</p>	<p>JH: Head of HR to provided a written update to the committee for assurance and/or further assessment.</p> <p>Details to be shared with Chairs of Quality, Audit and Resources</p> <p>Head of HR to continue leading process assessment, improvements and leader/user education.</p>
<p>Board action</p>	<p>Responsibility / timescale</p>
<p>There were no matters for escalation to COG</p>	
<p>Risks (Include ID if currently on risk register)</p>	<p>Responsibility / timescale</p>
<p>Three ongoing risks identified:</p> <ul style="list-style-type: none"> *Impact of higher than planned absence on planned services *Industrial action *Payroll errors (and negative impact on employees) 	

<p>Meeting: Audit & Risk Committee</p>	<p>Date of Meeting: 22 November 2022</p>
<p>Key topics discussed in the meeting</p>	
<p>Counter Fraud - 21/22 Report - Significant Assurance; 22/23 Plan - Moderate Assurance; 2 NHS Counter Fraud Authority reports received - actions to be built into 22/3 work plan</p> <p>Internal Audit - Moderate Assurance; Outpatient Pharmacy – Critical Risk; Research Governance - Moderate Risk; Internal Audit action plans agreed with management. Progress will be tracked by the Committee</p> <p>External Audit - Moderate Assurance - Trust audit at planning stage; South Tees Learning, Research and Innovation LLP accounts approved; Charities and Associated Funds accounts reviewed; South Tees Healthcare Management Ltd audit progress reviewed. Limited scope audit qualification</p> <p>HFMA Financial Sustainability Self-Assessment - Significant Assurance</p> <p>Reviewed by internal audit and submitted to NHSE. Five ratings (1 worst, 5 best). 72 areas. Action plan to cover weaker areas to be completed by 31 January 2023</p> <p>Risk Management – Moderate Assurance - Updated BAF and corporate risk register reviewed. More detailed review of risk system scheduled for February meeting.</p> <p>Emergency Preparedness Resilience and Response – Significant Assurance - All NHS Trusts are required to present the public Board with an annual update regarding emergency preparedness, resilience and response (EPRR) activities together with a statement of compliance with the NHS EPRR core standards.</p> <p>The EPRR core standards assessment provides assurance that the Trust is fully compliant with 52 out of 64 standards, allowing us to declare partial compliance for 2022/23.</p>	
<p>Actions</p>	<p>Responsibility / timescale</p>
<p>Delegated authority given to Chair of Audit & Risk Committee and Chief Finance Officer to sign off any adjustments on the accounts</p>	<p>Ken Readshaw / Chris Hand</p>

Escalated items

None at this stage

Risks

Responsibility / timescale

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Meeting: Audit & Risk Committee	Date of Meeting: 23 February 2023
Key topics discussed in the meeting	
<p>Counter Fraud - Good progress with 22/23 plan; Benchmarking data reviewed – Audit One days low</p> <p>Internal Audit - Medication audit deferred to 23/24; Historic outstanding actions to be scrutinised and processed; IT disaster recovery audit – Still High Risk; Procurement and Contract management – Medium Risk (improved since last time); Charitable Funds – Medium Risk</p> <p>External Audit - Moderate Assurance - Accounts timetable discussed. Additional disclosures around leases.</p> <p>Registers - An improving picture but further work needed on gifts and hospitality</p> <p>BAF - Full review of assurance and gaps. BAF to form part of Internal Audit planning for 23/24</p> <p>Risk Management - Discussion around Risk management strategy. Focus going forward on completeness of risk system, granularity of risks, risk heat mapping and training needs.</p>	
Actions	Responsibility / timescale
Trajectory for outstanding internal audit actions	Jackie White – next meeting
Risk Management improvement plan to be developed	Jackie White – next meeting
Escalated items	
None at this stage	
Risks	Responsibility / timescale

MEETING OF THE COUNCIL OF GOVERNORS – 21 MARCH 2023			
Integrated Performance Report			AGENDA ITEM: [PA insert number]
Report Author and Job Title:	Emma Moss Management Information Lead Business Intelligence Unit	Responsible Director:	Sam Peate Chief Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	To provide the Council of Governors with a detailed assessment of performance against the agreed indicators and measures. The report describes the specific actions that are under way to deliver the required standards.		
Background	<p>The Integrated Performance Report (IPR) is produced monthly to monitor key clinical quality and patient safety indicators, national and local target performance, and financial performance.</p> <p>The IPR demonstrates areas of performance are monitored and provides assurance to the Council of Governors regarding actual performance and, where necessary, remedial actions.</p> <p>Key elements of the report are discussed at the Trust Quality Assurance Committee, Resources Committee and People Committee. A summary of discussions are included in Chair Reports to the Council of Governors of Directors.</p>		
Assessment	<p>Changes to metrics for January IPR, are as follows:</p> <p>SAFE domain: No change.</p> <p>EFFECTIVE domain: No change.</p> <p>CARING domain: No change.</p> <p>EQUITABLE domain: No change.</p> <p>RESPONSIVE domain: Cancer >62 day backlog performance metric and individual chart added to appendices. This metric is an important indicator of cancer care and is part of the Single Oversight Framework summary that is submitted weekly to NHSE and is a priority indicator for 2023/24.</p>		

	<p>WELL LED domain: No change.</p> <p>Our key messages for January are:</p> <p>The Trust remains in segment 3, mandated support for significant concerns as reported previously.</p> <p>Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan.</p> <p>4-hour standard and ambulance handover performance continued to be impacted by wider challenges across the health and care system.</p> <p>December saw a significant surge in flu and other respiratory infections.</p> <p>Elective access (RTT 18-week standard) is stable, and more favourable than the national trend. The reduction in patients waiting more than 78 weeks for non-urgent elective treatment in line with national requirements has received extra focus during January.</p> <p>Elective day case activity continues to drive COVID recovery as planned through the period of winter pressures.</p> <p>Diagnostic compliance with 6-week standard and cancer diagnostic 28-day standard continues to improve.</p>
<p>Level of Assurance</p>	<p>Level of Assurance: Significant <input type="checkbox"/> Moderate <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> (select the relevant assurance level)</p>
<p>Recommendation</p>	<p>Members of the Council of Governors are asked to receive the Integrated Performance Report for January 2023.</p> <p>Note the performance standards that are being achieved and the remedial actions being taken where metrics are outside expected parameters.</p>
<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>All BAF areas</p>

<p>Legal and Equality and Diversity implications</p>	<p>There are no legal or equality and diversity implications associated with this paper.</p>	
<p>Strategic Objectives (highlight which Trust Strategic objective this report aims to support)</p>	<p>Best for safe, clinically effective care and experience <input checked="" type="checkbox"/></p>	<p>A great place to work <input checked="" type="checkbox"/></p>
	<p>Deliver care without boundaries in collaboration with our health and social care partners <input checked="" type="checkbox"/></p>	<p>Make best use of our resources <input checked="" type="checkbox"/></p>
	<p>A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of England, North Yorkshire and beyond <input checked="" type="checkbox"/></p>	



South Tees Hospitals
NHS Foundation Trust

INTEGRATED PERFORMANCE REPORT

January 2023

OVERSIGHT

RESPONSIBLE DIRECTORS

Dr Hilary Lloyd, Chief Nursing Officer

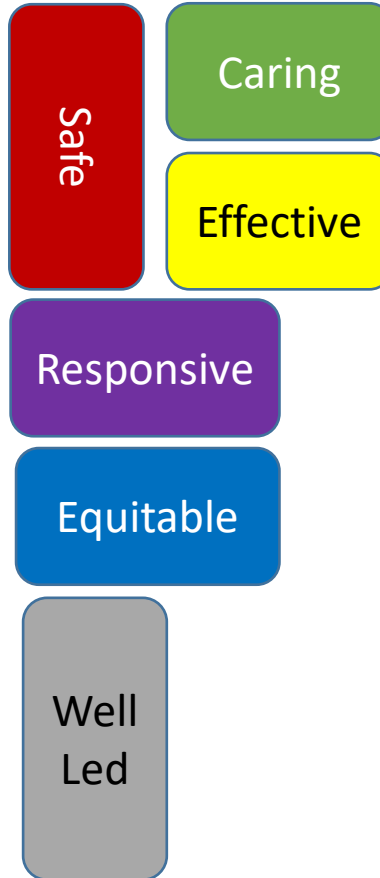
Dr Michael Stewart, Chief Medical Officer

Samuel Peate, Chief Operating Officer

Dr Michael Stewart, Chief Medical Officer

Chris Hand, Finance Director

Rachael Metcalf, Human Resources Director



BOARD SUB COMMITTEE

Quality Assurance Committee

Quality Assurance Committee

Resources Committee

Quality Assurance Committee

Resources Committee

People Committee

Audit and Risk Committee

CHANGES THIS MONTH

SAFE domain:

No change.

EFFECTIVE domain:

No change.

CARING domain:

No change.

EQUITABLE domain:

No change.

RESPONSIVE domain:

Cancer >62 day backlog performance metric and individual chart added to appendices. This metric is an important indicator of cancer care and is part of the Single Oversight Framework summary that is submitted weekly to NHSE and is a priority indicator for 2023/24.

WELL LED domain:

No change.

NATIONAL CONTEXT

The 10 planning priorities for 22/23 aim to *Restore services, meet new care demands and reduce the backlogs that are a direct consequence of the pandemic*

- A) Invest in our workforce
- B) Respond to Covid-19 ever more effectively
- C) Significantly more elective care - deliver 2019/20 activity plus 10%; eliminate 104 week waits; reduce 52 week waits; deliver cancer pathways to national standards; reduce outpatient follow-ups by 25%; 5% 'patient initiated follow up' pathways in all major specialties; advice and guidance; deliver 120% of diagnostic activity using Community Diagnostic Centres
- D) Improve UEC responsiveness and build community capacity – eliminate 12-hour ED waits; minimise ambulance handover delays; use of UTC, virtual wards, community, anticipatory care.
- E) Improve access to Primary Care
- F) Improve Mental Health, LD and Autism Services
- G) Develop approach to Population Health Management
- H) Exploit Digital Technologies to transform delivery of care and outcomes – network digital roadmap and investment plans
- I) Effective use of resources, delivering better than pre-pandemic productivity levels
- J) Establish ICBs and collaborative system working (5 year strategic plan) - ICB level planning, delivery and service configuration

The Trust Improvement Plan (July 2022) sets out our plans to meet the national planning priorities, as well as our local objectives and safety and quality priorities for 2022/23. The Improvement Plan will be refreshed for 2023/24

SINGLE OVERSIGHT FRAMEWORK SUMMARY

NHS Oversight Framework Summary		Urgent & Emergency Care				Elective care								Cancer					
Provider		A&E 4 hour standard	12 hour delay from DTA	Ambulance handovers 30-60 mins	Ambulance handovers 60+ mins	RTT - 18 week standard	52+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPFU - YTD growth 22/23 v 19/20	1st OP - YTD growth 22/23 v 19/20	Total elective - YTD growth 22/23 v 19/20	Diagnostic activity 22/23 v 19/20	Diagnostic 6 week waits	Cancer 62 day - GP referral	Cancer 62 day backlog	Cancer treatments	Cancer 28 day FD
Data period		Dec-22	Dec-22	Dec-22	Dec-22	Nov-22	Nov-22	Nov-22	Nov-22	Nov-22	Nov-22	Nov-22	Nov-22	Nov-22	Nov-22	Nov-22	Dec-22	Nov-22	Nov-22
Target		95%	Zero			92%	22/23 Plan	22/23 Plan	Zero by Jun 22	22/23 Plan	≤ 75%	104%	104%	120%	≤ 1%	85%	22/23 Plan	22/23 Plan	75%
South Tees Hospitals NHSFT		60.1%	155	266	543	66.9%	1,466	94	0	48,144	96%	99%	100%	108%	25.1%	58.1%	166	292	77.0%
NENC ICS Provider level (including IS providers)		70.2%	2347	2,155	2,378	71.2%	9,198	944	32	382,664	98%	101%	93%	114%	16.6%	61.0%	1,208	1,781	77.0%
North East & Yorkshire		66.8%				66.8%								21.5%		62.1%			73.6%
National		65.0%				60.1%								26.9%		61.0%			69.7%

The Trust remains in segment 3, mandated support for significant concerns as reported previously. Alongside the SOF the Trust continues to focus on safety and quality priorities, guided by our CQC improvement plan. 4-hour standard and ambulance handover performance continued to be impacted by wider challenges across the health and care system. December saw a significant surge in flu and other respiratory infections. Elective access (RTT 18-week standard) is stable, and more favourable than the national trend. The reduction in patients waiting more than 78 weeks for non-urgent elective treatment in line with national requirements has received extra focus during January. Elective day case activity continues to drive COVID recovery as planned through the period of winter pressures. Diagnostic compliance with 6-week standard and cancer diagnostic 28-day standard continues to improve.

Metric	Latest Month	Target	Month	Trend	Assurance
DATIX Incidents	2556	2070	Jan 2023		
Serious Incidents	4	0	Jan 2023		
Never Events (YTD)	6	0	Jan 2023	N/A	N/A
Falls	177		Jan 2023		N/A
Falls Rate %	4.8	6.6	Jan 2023		
Falls With Harm	2		Jan 2023		N/A
Falls With Harm Rate %	0.1		Jan 2023		N/A

Incidents

There have been consistently high levels of incident reporting within the Trust for a sustained period. The trajectory has been updated to indicate our aim to at least maintain this level of reporting for the next 12 months. We will review later in 2023 when PSIRF (Patient Safety Incident Response Framework and LFPSE (Learning from Patient Safety Events) are fully implemented. The number of SIs remains within expected variation, with 4 reported this month, and learning continues to be shared at a local level with clinical colleagues, as well as across the wider organisation and with our system partners. There were no Never Events in December and January.

Falls

The rate of all falls and falls with harm are stable and remains within control limits. The rate of falls and falls with harm reduced in December. The team are working on a quality improvement project to map our systems and process, reporting mechanisms, to ensure what we do is safe, effective, evidenced based and patient centred. The team are also mapping our education offer, so that we can be confident our interventions are being received where they are needed most. We continue to monitor the data for all reported falls so that we can be proactive in targeting support to wards in greatest need.

Metric	Latest Month	Target	Month	Trend	Assurance
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	1.9		Jan 2023		N/A
Category 2 Pressure Ulcers (Community)	74		Jan 2023		N/A
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)	0.3		Jan 2023		N/A
Category 3&4 Pressure Ulcers (Community)	30		Jan 2023		N/A
Medication Incidents	120		Jan 2023		N/A
Medications Reconciled Rate %	50%	80%	Jan 2023		
Omitted Critical Doses	41		Dec 2022		N/A
C-Difficile (YTD)	114	91	Jan 2023	N/A	N/A
MRSA (YTD)	3	0	Jan 2023	N/A	N/A
E-Coli (YTD)	107	115	Jan 2023	N/A	N/A
Klebsiella (YTD)	42	42	Jan 2023	N/A	N/A
Pseudomonas (YTD)	12	12	Jan 2023	N/A	N/A

Pressure Ulcers

The rate of hospital-acquired pressures ulcers in inpatient wards remains stable and within expected variation.

The last Category 4 Pressure Ulcer reported in the community occurred in November 2021. There were no pressure ulcer SIs reported for the month of January 2023. The PURPOSE T tool and SSKIN assessment were introduced at FHN and JCUH hospital onto the digital platform, Patientrack in September 2022. Extensive education and training continues in the clinical areas. Whilst the risk assessment gets embedded into practice the frequency of completion has been increased to 24 hours. The implementation of PURPOSE T is currently underway within our community hospitals. Pressure ulcer review meetings continue, chaired by the Deputy Chief Nurse or Deputy Director of Quality. Discussions have taken place with the Head of Quality, ICB related to proportionate reporting and the early adoption of PSIRF. It is the intention to review pressure ulcer investigations in the first phase of PSIRF roll out.

Medications

Medication incidents reported in January remain within expected variation. Medicines reconciliation remain an area of focus – staff have been offered overtime with vacancy underspend. Vacancies have been recruited to although many will not start until September 23. Restructure of management team has taken place to increase number of clinical hours on wards to start from April 2023. Omitted doses are within target range. Implementation of our electronic prescribing system continues to be rolled out across the wards to further enhance processes and safety.

Healthcare acquired infections

C difficile has clear tracking, reporting and governance in place with case reviews identifying lessons learnt providing assurance that all appropriate measures are in place. The ward decant programme for deep cleaning is to be resumed. A detailed structured review process has been completed for 70 cases. High levels of bed occupancy continue due to ongoing challenges in an increase in the number patients with a respiratory conditions including Influenza, COVID-19 and RSV. Gram negative blood stream infections (GNBSI) continue to be monitored in line with work regarding line care and Aseptic Non-Touch Technique (ANTT) locally, regionally and nationally.

Metric	Latest Month	Target	Month	Trend	Assurance
No. of babies born	397		Jan 2023	N/A	N/A
Breast feeding initiated (48 hrs)	57.2%	74.5%	Jan 2023		
Preterm birth rate <26+6 wks	0.2%	6%	Jan 2023		
Preterm birth rate 27 - 36+6 wks	8.2%	6%	Jan 2023		
Induction of Labour (%)	48.1%	44%	Jan 2023		
Number of 3rd/4th degree tear (%)	1.5%	3.5%	Jan 2023		
PPH > 1500ml (%)	2.73%	2%	Jan 2023		
Still Births (YTD)	0	17	Jan 2023	N/A	N/A

Maternity services

The pre-term birth rate for babies 27-36+6 weeks gestation is within expected variation. For our Trust this can be higher than the standard rate due to the specialist nature of the service and the proportion of high-risk pregnancies managed within the Trust. Our data has been cross checked with other similar units and we are not an outlier. All pre-term births are reviewed by Consultant and midwife and all guidelines are followed. Pre-term birth clinics are held weekly with a named consultant and midwife.

















Breastfeeding initiation rates are below target, as is reflected in the regional public health statistics. The Trust is UNICEF baby-friendly accredited. There are plans to undergo reassessment in 2023. An infant feeding strategy group is being set up to review all infant feeding statistics and actions.

There is no national or regional target set for the Induction of labour (IOL) and therefore this is a Trust indicative standard. A working group has been created to review the IOL pathway.

Harm as indicated by 3rd/4th degree tears during childbirth is consistently better than the expected standard.

Post-partum Haemorrhage (PPH) fluctuates month to month and is within expected variation. All cases are reviewed to ensure guidelines are followed. Multi-disciplinary simulations occur on a regular basis to ensure staff are well prepared for any emergency situation which may occur. We have noted an upward trend and are reviewing all PPH October to December 2022 to determine any commonalities. We are also looking to undertake a clinical trial which is specifically focussing on PPH management.

All maternity standards are reviewed monthly by the Maternity Improvement Board and reported to Quality Assurance Committee.

Metric	Latest Month	Target	Month	Trend	Assurance
Readmission Rate %	6.5%		Nov 2022		N/A
Sepsis - Oxygen delivered within 1hr	100%	95%	Dec 2022		
Sepsis - Blood cultures within 1hr	69%	95%	Dec 2022		
Sepsis - Empiric IV antibiotics within 1hr	73.8%	95%	Dec 2022		
Sepsis - Serum lactate within 1hr	76.2%	95%	Dec 2022		
Sepsis - IV fluid resuscitation within 1hr	73.8%	95%	Dec 2022		
Sepsis - Urine measurement within 1hr	100%	95%	Dec 2022		
Summary Hospital-Level Mortality Indicator	106	100	Sep 2022		
Comorbidity Coding	4.4		Aug 2022		N/A

Readmission rates

The emergency readmission rate remains higher than during the height of the COVID-19 pandemic but within current expected variation.

Sepsis

100% compliance has been achieved for urine output monitoring and oxygen delivery to target saturations. Actions:

- Compliance targets to be set for acutely ill patient courses for all acute areas, including role specific mandatory training
- Audit to repeat for most recent compliance regarding proposed 3 - hour targets
- Educational screen savers are displayed, intranet banners to be added
- 'Think sepsis' stickers ordered for thermometers
- Microbiology audit of web ice prompts in progress
- NEWS2 mandatory e learning license is being procured
- Sepsis and acutely ill patient study days continue














Mortality

For the latest official reporting period, Oct 2021 to Sep 2022, SHMI is 'as expected' at 106. SHMI rose before the pandemic, peaked and is falling. Observed and expected deaths (in hospital or within 30 days of discharge) fell during the pandemic, due to reduced hospital activity and had been returning to normal volumes. Currently 4.6% of spells in England are removed because they have a COVID code and spells included in SHMI are at 87% of pre-pandemic levels (both metrics slightly worse than last month).

Mortality metrics are impacted by the recording of comorbidities which is the lowest in the region and substantially below the national average despite the population we serve, although the improvement in coding since January 2022 is continuing.

Reporting to the Trusts' governance committees shows that Medical Examiner scrutiny remains at >95%, with approximately 10% referred for further review. Learning from ME and mortality reviews included End of Life care, documentation of care, coordination of care for complex patients and transfers from other hospitals. Learning is cascaded through the Trust governance structures.

CARING

Metric	Latest Month	Target	Month	Trend	Assurance
A&E Experience (%)	84.3%	78%	Jan 2023		
Inpatient Experience (%)	97%	94%	Jan 2023		
Maternity Experience (%)	93%	92%	Jan 2023		
Outpatient Experience (%)	96.4%	93%	Jan 2023		
Community Experience (%)	99%	94%	Jan 2023		
New Complaints	30		Jan 2023		N/A
Closed Within Target (%)	71%	80%	Jan 2023		

Patient experience

Emergency Department Friends & Family Test score has increased above target for the first time in several months. The Inpatient Friends & Family Test score remains above target. The feedback in the Outpatient Friends & Family Test score remains above the target. The Friends & Family Test score reported in Community services consistently performs above the national average.

The Maternity Friends & Family Test score reflects feedback captured in the Antenatal, Birth and Postnatal surveys. The score has improved for the second consecutive month, however, remains below target. Comments from the surveys are continually reviewed by the Maternity team to identify areas for improvement and these are monitored through the Patient Experience Steering Group.

Closed within target

The complaints closed beyond timeframe remains an area of concern. Focused work continues with support provided to Collaboratives and clinical teams by the Patient Experience Team and the Safe and Effective Care Leads to increase and sustain compliance. Complaints and PALS compliance trajectory is monitored weekly. This work is overseen by the Patient Experience Steering Group.

Learning from complaints

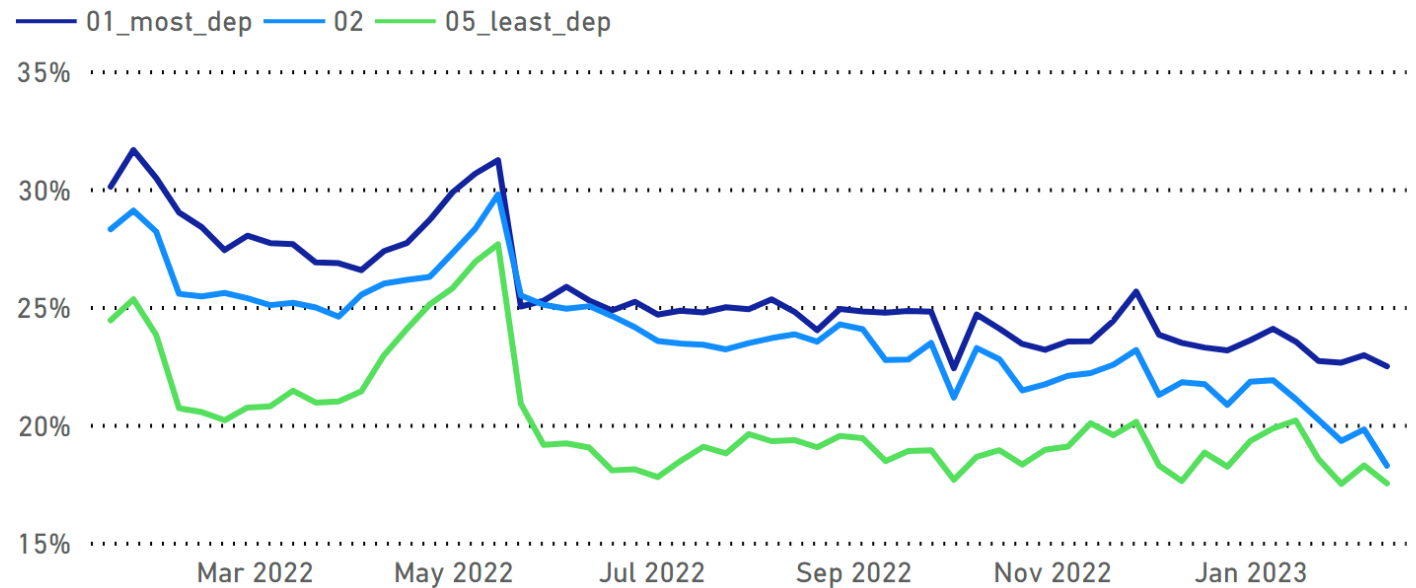
Learning and themes from complaints are systematically shared with clinical colleagues.

Elective inpatient PTL Inequalities: Deprivation

Latest PTL by IMD quintile

IMD quintile	In Standard	Long waits	% of total	Total
01_most_dep	38571	14802	28%	53373
02	21908	7696	26%	29604
03	24239	7120	23%	31359
04	33648	9758	22%	43406
05_least_dep	24953	6952	22%	31905
N/k	9601	3107	24%	12708
Total	152920	49435	24%	202355

Long waits as % of total PTL for Quintiles 1, 2 & 5



IMD is taken from patient's postcode of residence

Long Waiters:

P2 > 3 weeks

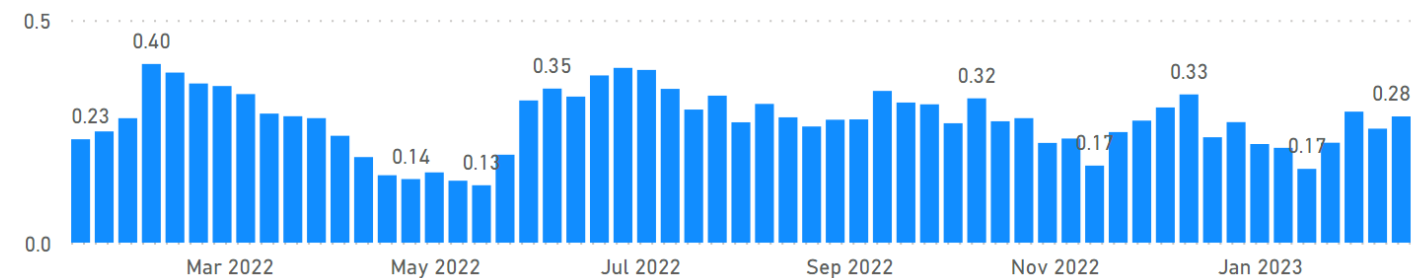
P3 > 3 months

Any > 52 weeks

In Standard: All others

This graph compares the proportion of long waiters for quintile 1 with the proportion for quintile 5. So if quintile 1 is 25% and quintile 5 is 20% then quintile 1 is 25% higher than quintile 5. If the values are positive quintile 1 patients are more likely to be long waiters than quintile 5 patients

Variance of Quintile 1 % long waiters to Quintile 5 % long waiters



The Trust serves some of England's most deprived wards. The waiting list is monitored to ensure equitable access. Deprivation may be correlated with patient's ability to attend appointments, and with poorer health, leading to longer and more complex care pathways.

EQUITABLE

Elective inpatient PTL Inequalities: Ethnicity

Latest PTL by IMD quintile

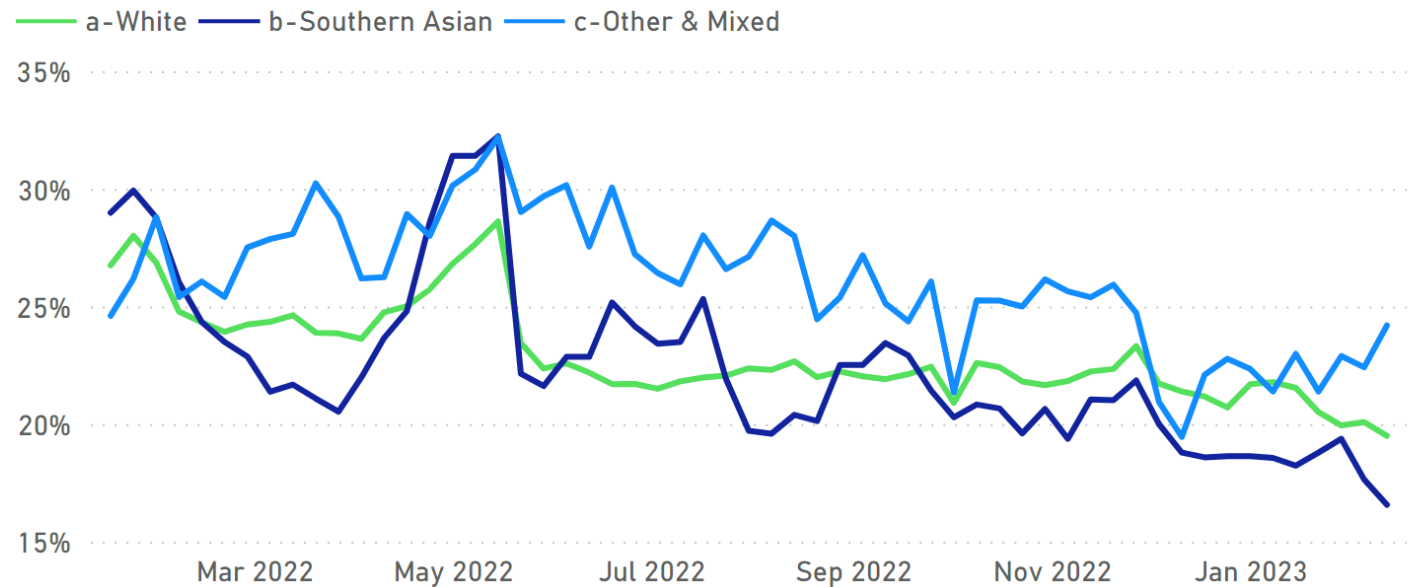
Ethnic_cluster (groups)	In Standard	Long waits	% of total	Total
<input checked="" type="checkbox"/> a-White	132936	43234	25%	176170
<input checked="" type="checkbox"/> b-Southern Asian	2526	837	25%	3363
<input type="checkbox"/> c-Other & Mixed	3052	1190	28%	4242
Black	679	348	34%	1027
Mixed	719	286	28%	1005
Other	1654	556	25%	2210
<input checked="" type="checkbox"/> N/k	14406	4174	22%	18580
Total	152920	49435	24%	202355

Long Waiters:
P2 > 3 weeks
P3 > 3 months
Any > 78 weeks

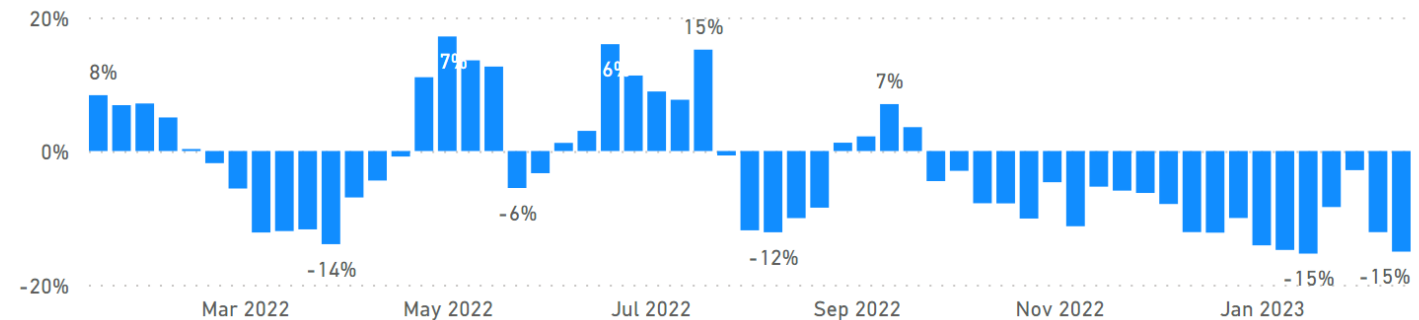
In Standard: All others

This graph compares the proportion of long waiters for people with Southern Asian ethnicity with the proportion for White ethnicity. So if the Southern Asian group 25% and White is 20% then Southern Asian is 25% higher than White. If the values are positive Southern Asian patients are more likely to be long waiters than White patients

Long waits as % of total PTL by Ethnic groups



Variance of Southern Asian % long waiters to White



The Trust also monitors its waiting list distribution by ethnicity. The numbers recorded in some groups are very low and so they are aggregated to reveal trends, however statistical fluctuations can be exaggerated, even when the data is grouped. It is nonetheless an area which the Trust continues to monitor.

RESPONSIVE

Metric	Latest Month	Target	Month	Trend	Assurance
ED Attendances - Type 1 (vs 19/20)	9303	9286	Jan 2023		
ED Attendances - Type 3 (vs 19/20)	4987	4188	Jan 2023		N/A
Handovers - Within 15 Mins (%)	51.1%	65%	Jan 2023		
Handovers - Within 30 Mins (%)	68.8%	95%	Jan 2023		
4-Hour A&E Standard	71.8%	95%	Jan 2023		
12-Hour Waits from Decision to Admit	160	0	Jan 2023		
12-Hour A&E Breaches	454	0	Jan 2023		
RTT Incomplete Pathways (%)	65%	92%	Dec 2022		
RTT 52 week waiters	1423	966	Dec 2022	N/A	N/A
RTT 78 week waiters	77	51	Dec 2022	N/A	N/A
RTT Waiting List Size	48751	41677	Dec 2022		
Diagnostic 6 Weeks Standard (%)	73.3%	99%	Dec 2022		
Cancer 14 Day Standard (%)	72.8%	93%	Dec 2022		
Cancer 31 Day Standard (%)	93.7%	96%	Dec 2022		
Cancer 62 Day Standard (%)	56%	85%	Dec 2022		
Cancer >62 Day Backlog	205		Jan 2023	N/A	N/A
Cancer 62 Day Screening (%)	78.9%	90%	Dec 2022		
Cancer Faster Diagnosis Standard (%)	72%	75%	Dec 2022		
Cancelled Ops - Non-Urgent Cancelled on Day	46	0	Jan 2023		
Cancelled Ops - Not Rebooked Within 28 days	6	0	Jan 2023		
Cancer Operations Cancelled On Day (YTD)	0	0	Jan 2023	N/A	N/A

Urgent and emergency care

The impact of challenges across the health and social care system continues to be observed. The Trust continues to work closely with local authorities and other partners to ensure that people who are ready to leave hospital, who require social care support, can be supported with the care they need. This includes proactively identifying patients to avoid admission, with input from our Frailty team, urgent community response and Home First services.

The increased activity in December, particularly in Paediatric attendances to the Emergency Department has reverted to 'normal' levels with a reduction in Ambulances attending, including impacts of industrial action. Evidence-based process improvement remains an organisational priority with a focus on achieving the national 4-hour standard of 76% in 2023/24 and ensuring all Ambulance handovers take place within one hour. To achieve this some observational work has commenced to drive out unnecessary processes that are delaying patient handover and care.

Elective, diagnostic and cancer waiting times

Referral to treatment within 18 weeks is stable at 65%. The focus remains on the longest waits – maintaining a zero position with 104 week waits and treating all 78-week waiting patients by end of March 2023.

Compliance with the 6-week diagnostic access standard has steadily improved. Tests for waiting list patients are balanced against increasing volumes of urgent demand and surveillance (emergency care and cancer pathways). Additional capacity in endoscopy at both JCUH and FHN has contributed to recent improvements.

Cancer 62-day standard compliance remains low as long waiting patients are treated. Pathways have been reviewed to identify timeline gains at first appointment and diagnosis intervals. Cancer Action Plans are in place for each pathway and support service. These are monitored through the Cancer Delivery Group, incorporating recommendations from Pathway Review projects. Additional processes have been implemented for the management of 104+ day waiters and funding has been secured for additional support. The Trust has been successful in securing additional £1.5m capital funding from NHSE to support additional activity and replace redundant equipment.

RESPONSIVE

Metric	Latest Month	Plan	Month	Trend	Assurance
Outpatient First Attendances	18298	18167	Jan 2023		
Outpatient Follow Up Attendances	46422	42284	Jan 2023		
Day Case admissions	6073	6419	Jan 2023		
Ordinary Elective admissions	809	1068	Jan 2023		
NEL admissions with 0 LOS	1908	2107	Jan 2023		
NEL admissions with 1+ LOS	3645	4025	Jan 2023		
Length of Stay - Elective	3.4		Jan 2023		N/A
Length of Stay - Non-Elective	5		Jan 2023		N/A
Not Met Not Discharged	95	90	Jan 2023		
21 Day Stranded Patients (%)	13.2%	12%	Jan 2023		

Activity

Outpatient first attendances returned to just above plan in January and this is expected to rise as data is fully coded. Outpatient follow-up attendances are 9% higher than anticipated as some specialties are still addressing backlogs. Admitted elective activity remained reduced in January, as the Trust prioritised safe non-elective care pathways through the peak of winter in line with standard NHS planning. Non-elective admissions remain lower than predicted in our annual planning, however because of wider health and care system pressures, bed occupancy on assessment units and general medical wards was significantly above the 92% standard.

Length of Stay

Non-elective length of stay remains higher than the long-term average. There are ongoing pressures across the social care sector which impact on timely discharge of patients who have ongoing care and support needs. This particularly impacts on patients awaiting a package of care in their own home. The Trust's winter plans, provided more capacity to care for patients when their acute medical needs have been met. A new therapy-led ward for patients who have completed their medically-led care is now established.

Patients who no longer meet criteria to reside in an acute bed has been on a decreasing trend over the year and remains on plan in January. The Trust has made progress in reducing delays within its span of control, however social care attributable delays remain a feature.

The number of patients staying in hospital longer than 21 days increased when activity returned to pre-COVID levels but has remained stable over the last four months. The percentage of patients with long stay is driven by our specialist critical care, spinal cord injuries and rehabilitation pathways as a regional tertiary centre. For patients who no longer require specialist care, we are focusing on appropriate repatriation for care closer to home.

Metric	Latest Month	Target	Month	Trend	Assurance
Cumulative YTD Financial Position (£'millions)	-£18.697m	-£18.697m	Jan 2023	N/A	N/A
Annual Appraisal (%)	81.4%	80%	Jan 2023		
Mandatory Training (%)	90.6%	90%	Jan 2023		
Sickness Absence (%)	6%	4%	Jan 2023		
Staff Turnover (%)	13%	10%	Jan 2023		

Finance and use of resources

The Trust plan is to deliver a £20.7m deficit for the 2022/23 financial year, as part of the ICS plan to deliver financial balance at a system level. At the end of Month 10, the Trust year-to-date financial position is breakeven against plan. Following regionally and nationally discussions regarding the level of pay award funding allocated to the ICB for distribution to provider trusts to meet the full costs of the national pay award the Trust has received confirmation of additional funding and is expecting to receive this in Month 11.

People

Sickness absence across the Trust was 6.0% for the month of January 2023 which is a reduction from December (7.2%) and HR teams are working with Collaboratives and Corporate areas to review their sickness positions and plans to March 2024. KPI clinics continue across areas providing opportunities for managers to review long-term and short-term sickness cases, with the Wellbeing and Attendance team providing a focus on long-term sickness. The review of the Trust's wellbeing policies continues, to further align to the Trust values and South Tees Way.

Appraisal compliance continues to be above target and is 81.4% (January 23). Mandatory Training compliance also remains above target at 90.6% (January 23). HR teams discuss the trends in the data within the Collaboratives and Corporate areas through KPI clinics, directorate and Board meetings and any further action planning and monitoring required.

The Trust continues to see turnover below the national average and a reduction from December 22 to January 23 (13.0%), Turnover is monitored through Collaborative meetings and actions to support areas where turnover is higher, such as gaining further feedback from teams.

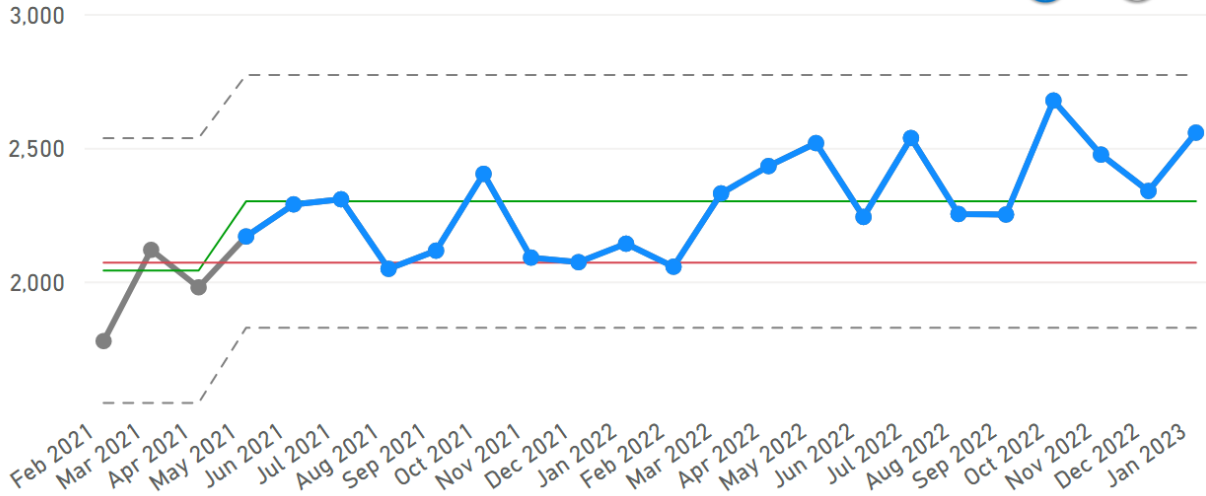
APPENDICES

SPC charts for the metrics summarised above, by domain.

SAFE

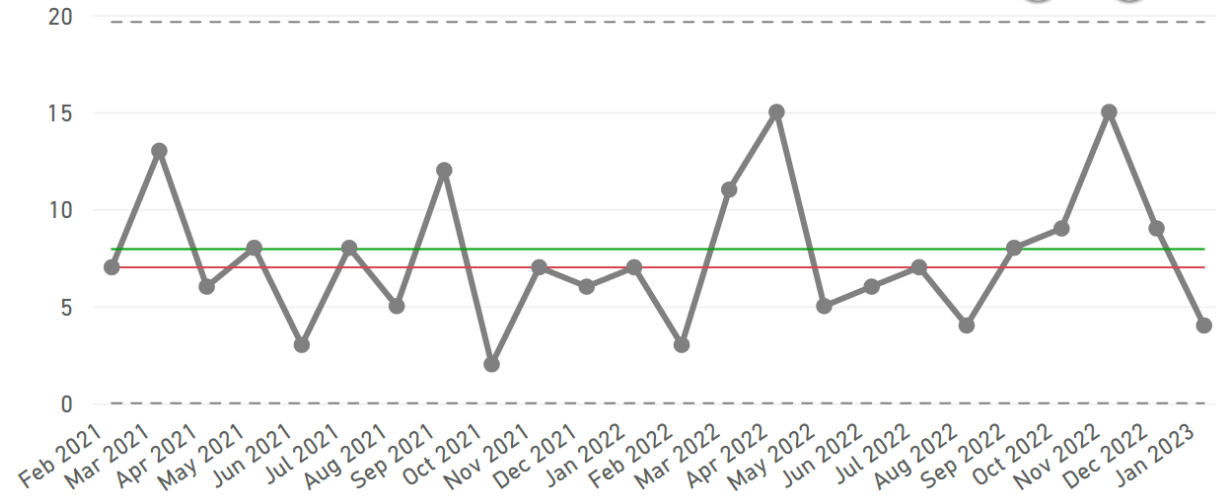
DATIX Incidents

Month	Performance	Target	Trend	Assurance
Jan 2023	2556	2070		



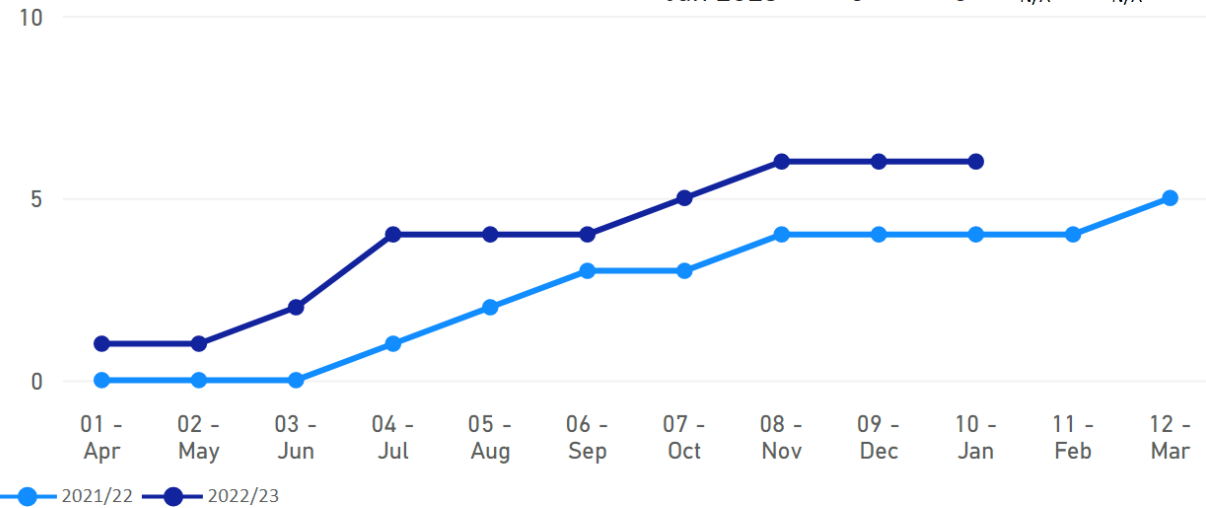
Serious Incidents

Month	Performance	Target	Trend	Assurance
Jan 2023	4	7		



Never Events (YTD)

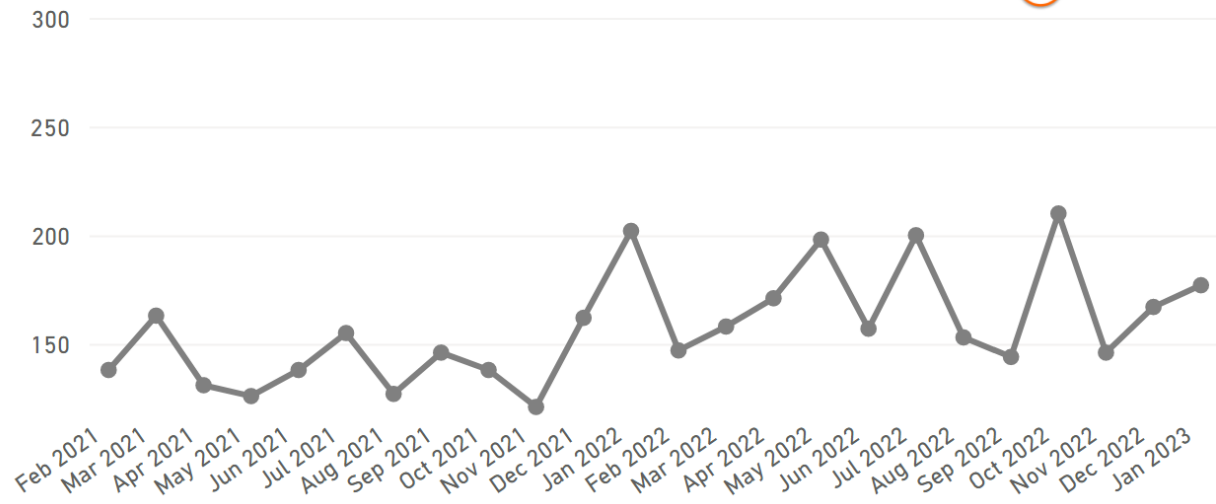
Month	Performance	Target	Trend	Assurance
Jan 2023	6	0	N/A	N/A




SAFE

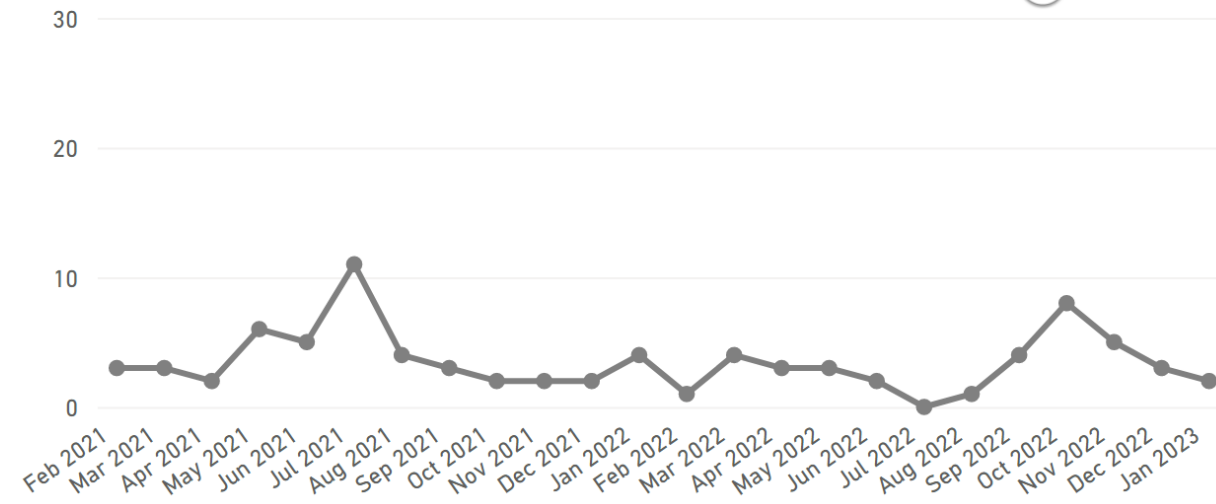
Falls

Month	Performance	Target	Trend	Assurance
Jan 2023	177			N/A





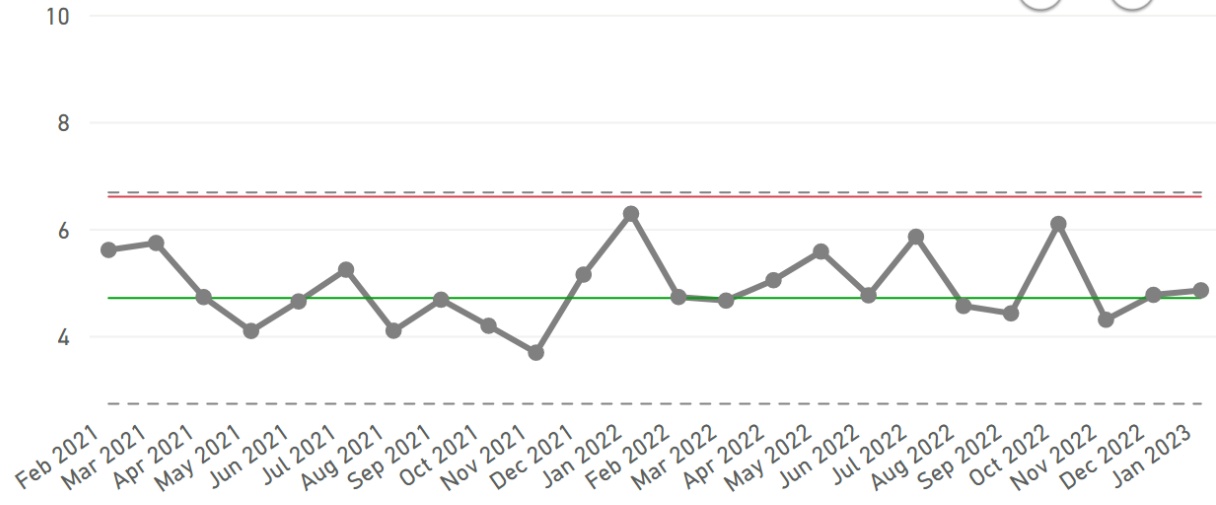
Falls With Harm

Month	Performance	Target	Trend	Assurance
Jan 2023	2			N/A




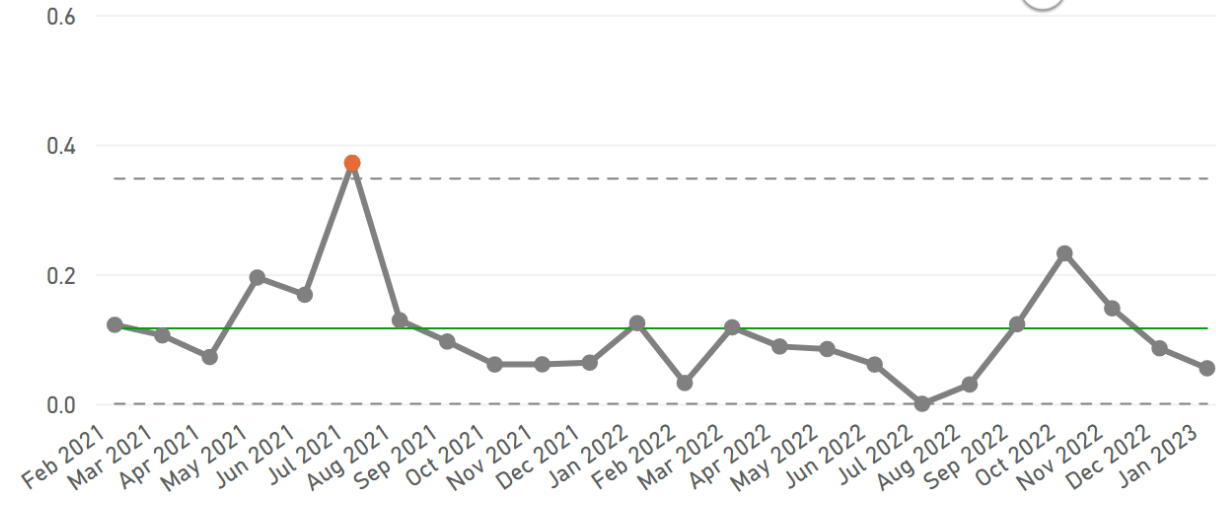
Falls Rate %

Month	Performance	Target	Trend	Assurance
Jan 2023	4.8	6.6		



Falls With Harm Rate %

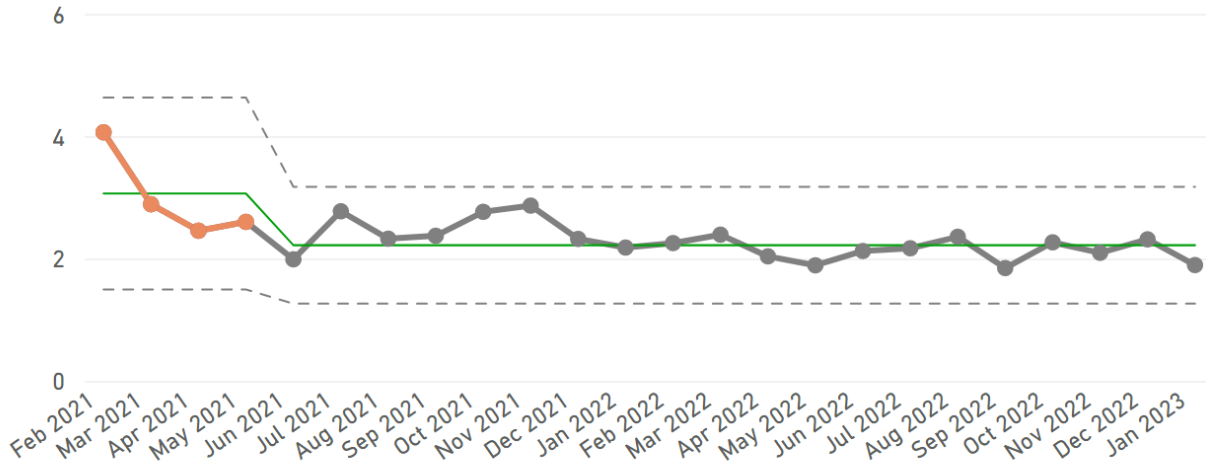
Month	Performance	Target	Trend	Assurance
Jan 2023	0.1			N/A



SAFE

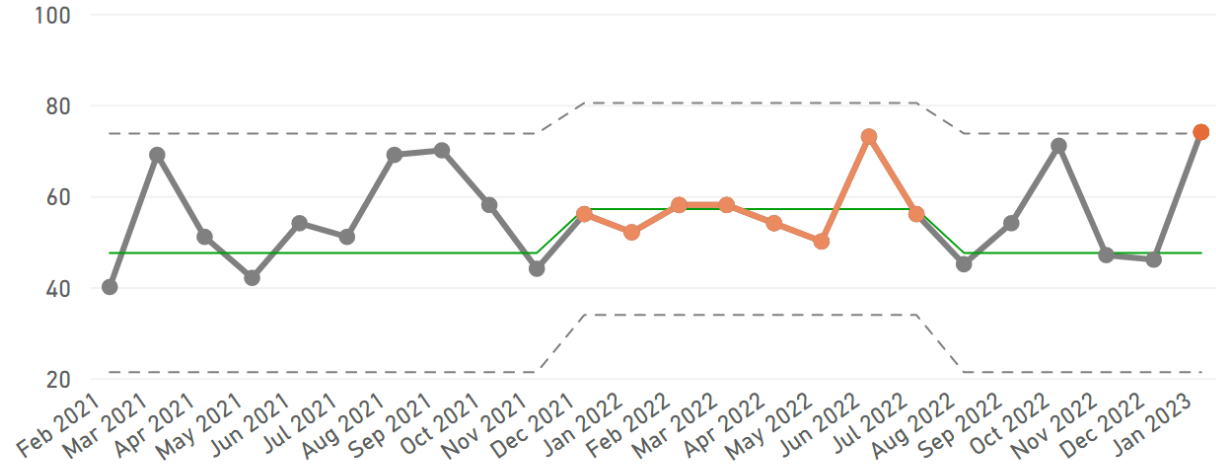
Category 2 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Jan 2023	1.9			N/A



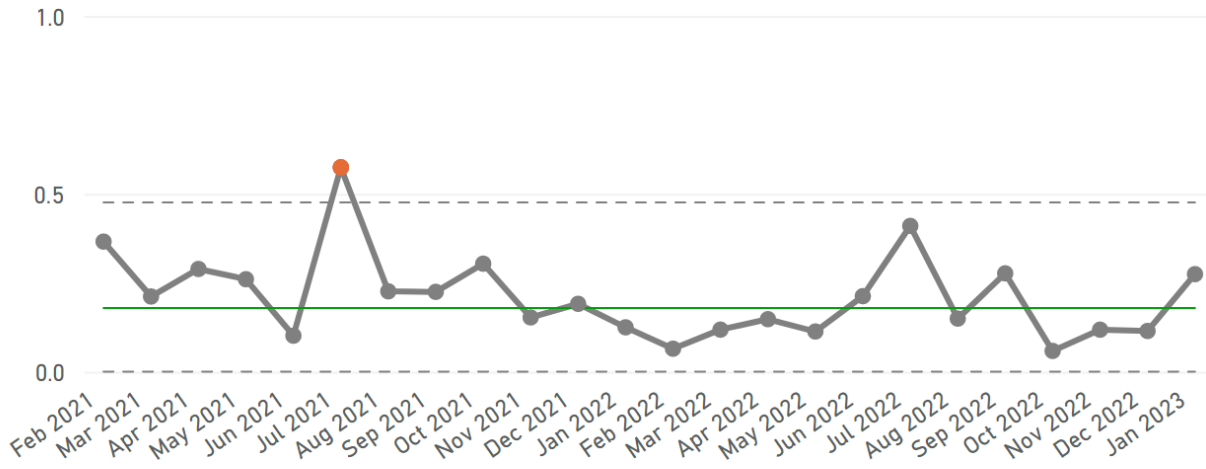
Category 2 Pressure Ulcers (Community)

Month	Performance	Target	Trend	Assurance
Jan 2023	74			N/A



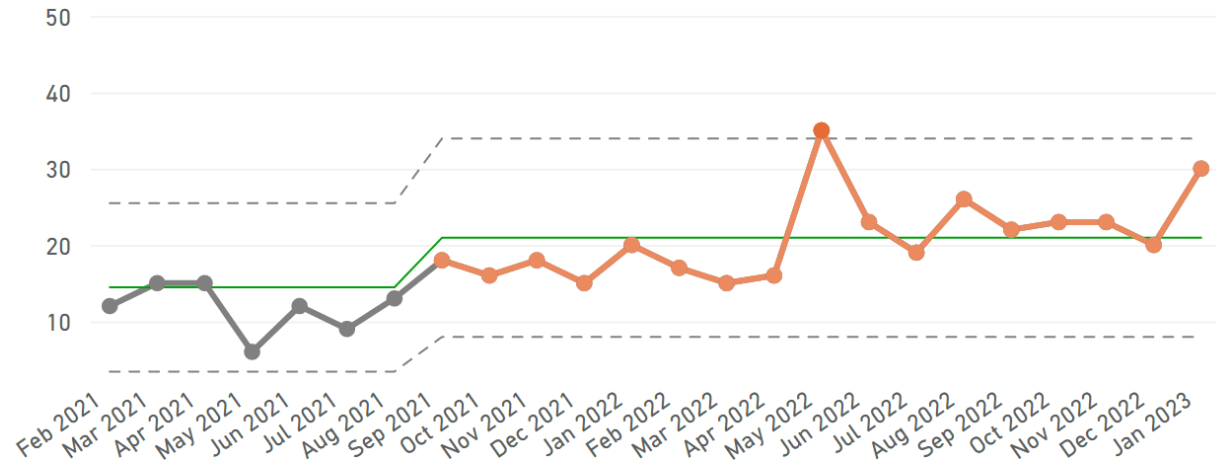
Category 3&4 Pressure Ulcers Inpatient Rate (Per 1000 Bed Days)

Month	Performance	Target	Trend	Assurance
Jan 2023	0.3			N/A



Category 3&4 Pressure Ulcers (Community)

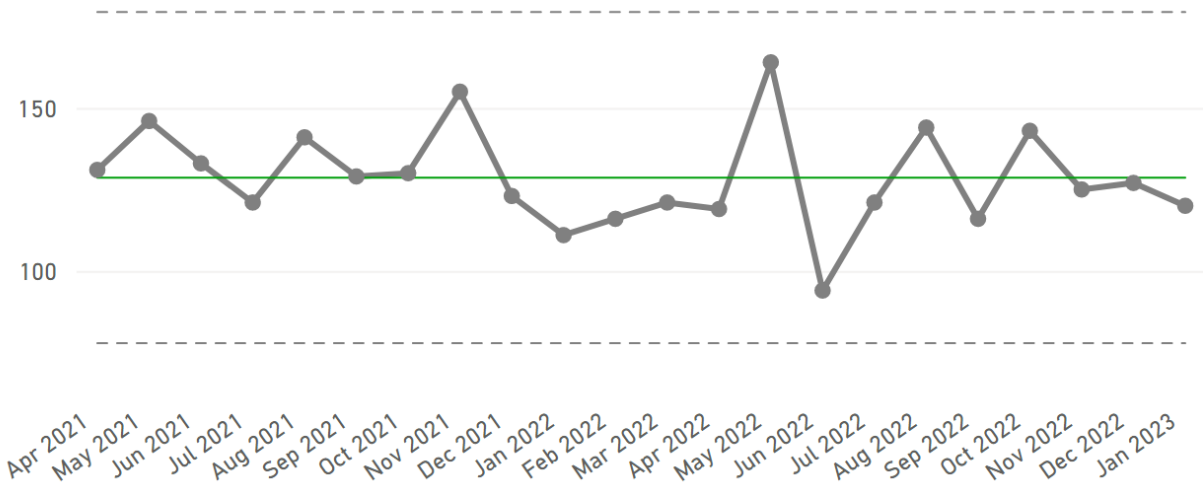
Month	Performance	Target	Trend	Assurance
Jan 2023	30			N/A





SAFE

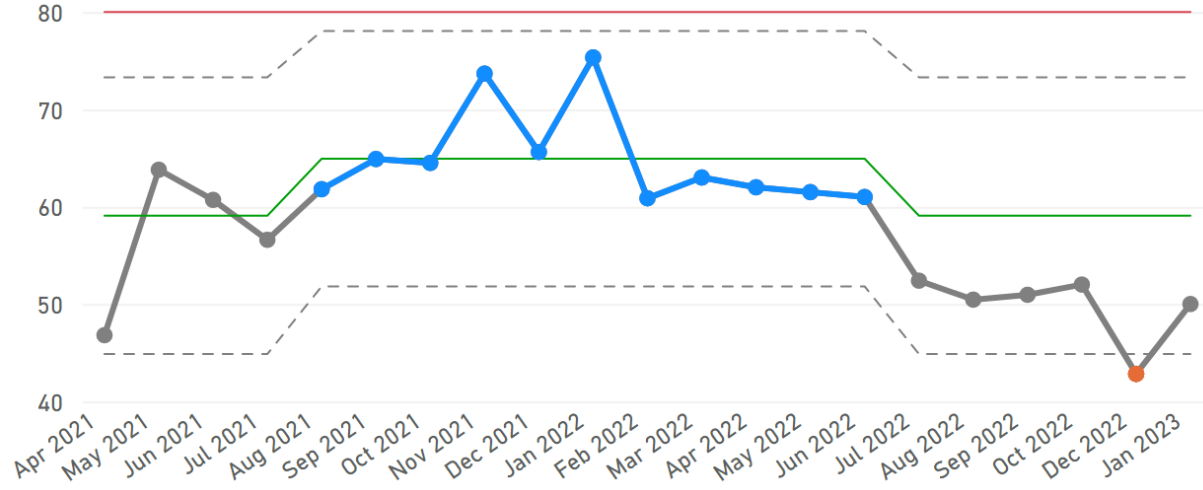
Medication Incidents

Month: Jan 2023
 Performance: 120
 Target: 
 Assurance: N/A




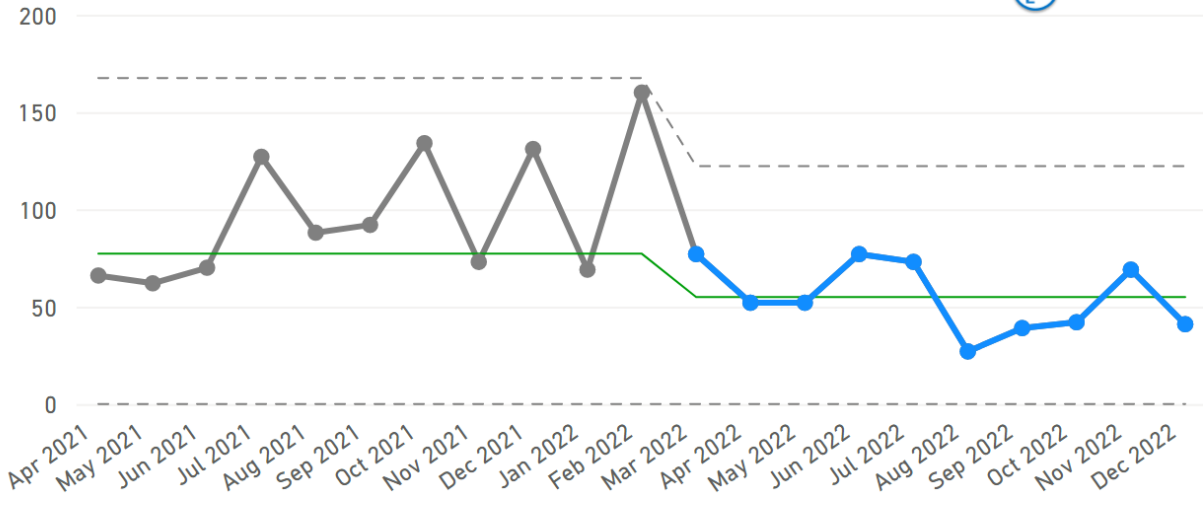
Medications Reconciled Rate %

Month: Jan 2023
 Performance: 50%
 Target: 80%
 Trend: 
 Assurance: 



Omitted Critical Doses

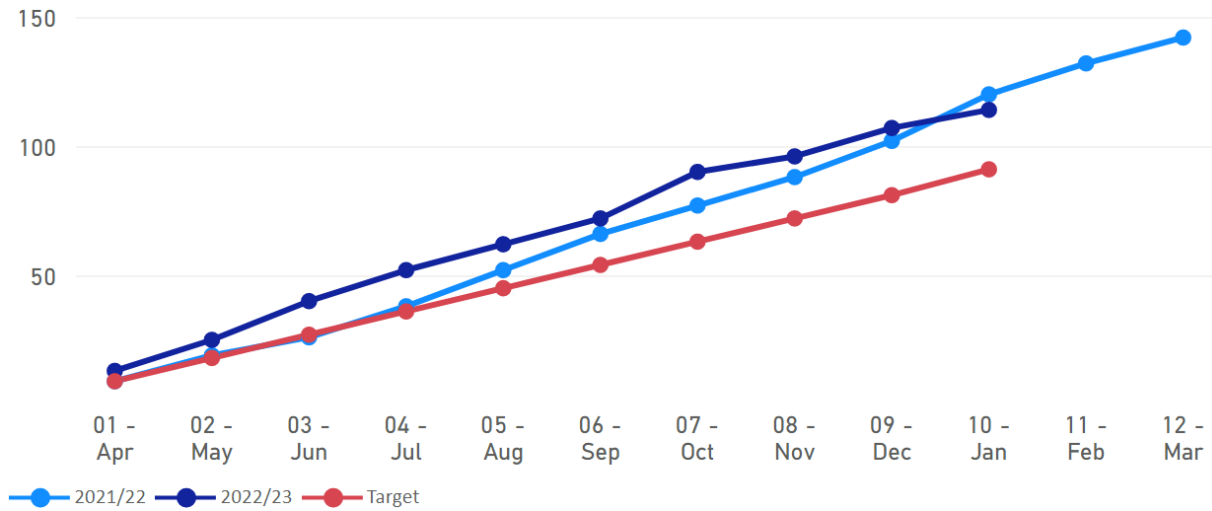
Month: Dec 2022
 Performance: 41
 Target: 
 Assurance: N/A



SAFE

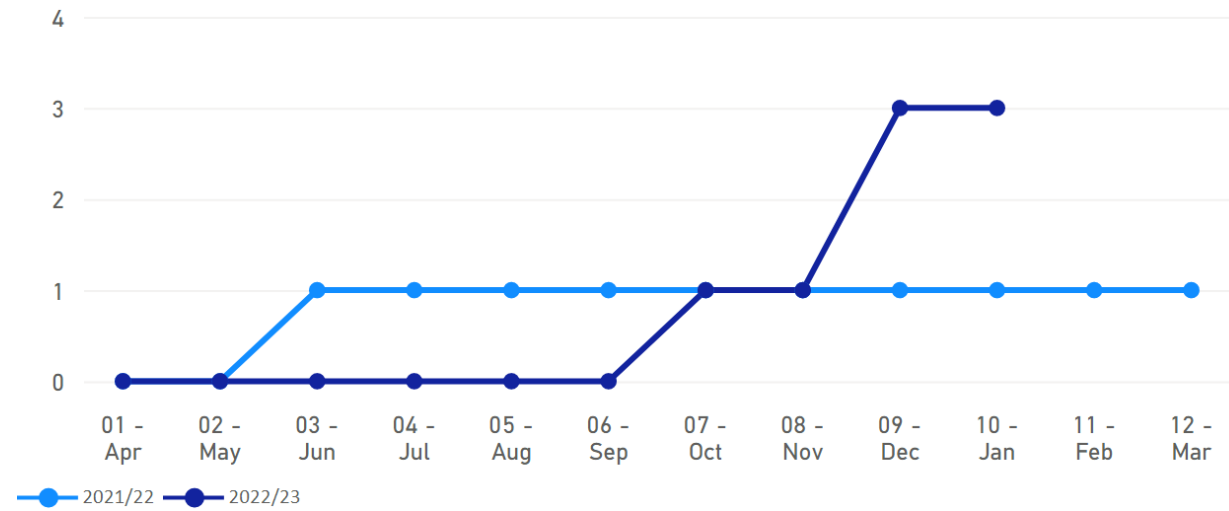
C-Difficile (YTD)

Month	Performance	Target	Trend	Assurance
Jan 2023	114	91	N/A	N/A



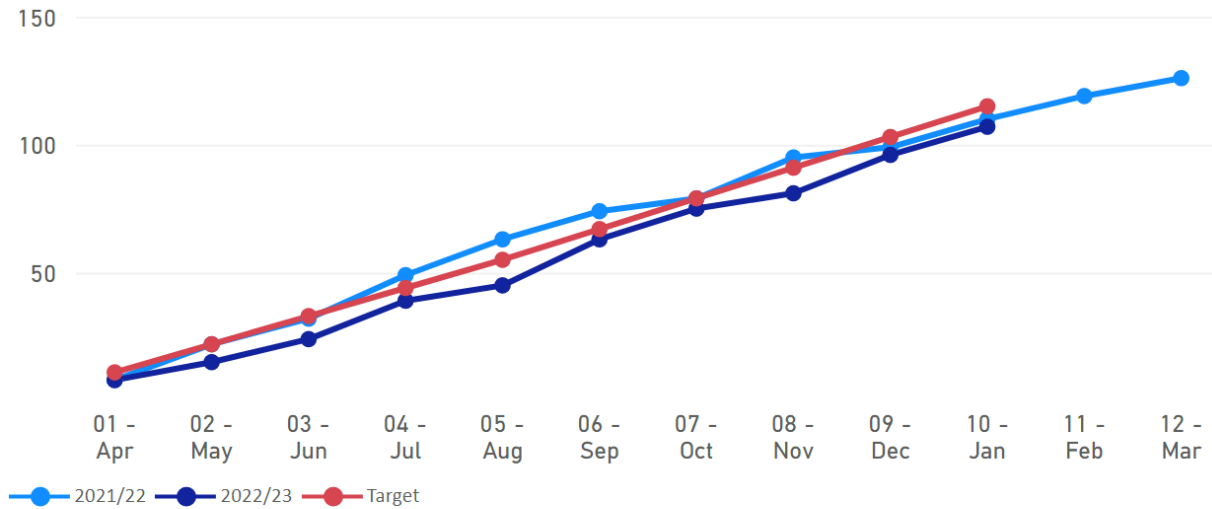
MRSA (YTD)

Month	Performance	Target	Trend	Assurance
Jan 2023	3	0	N/A	N/A



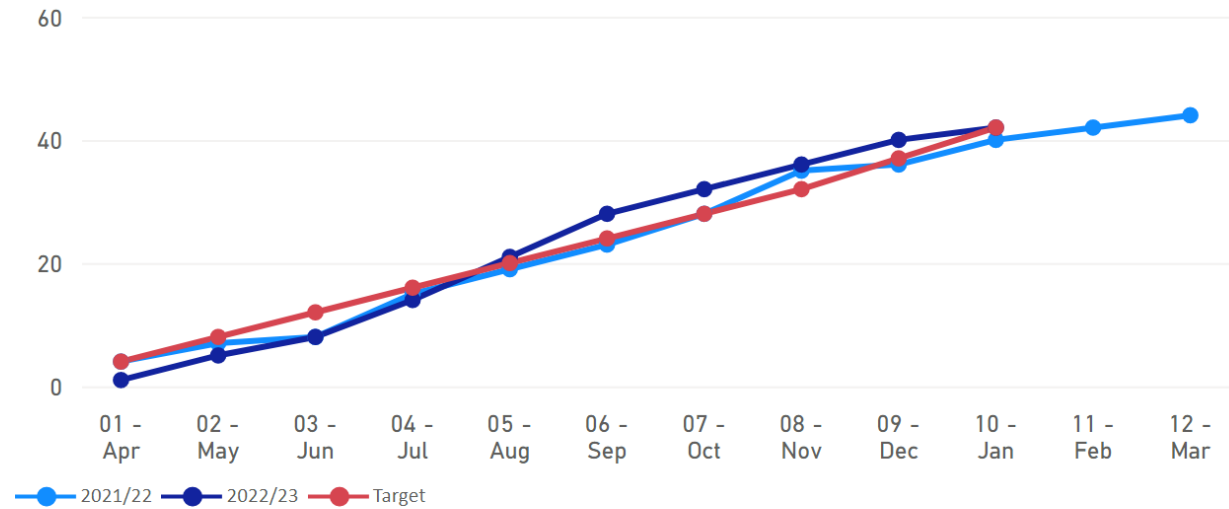
E-Coli (YTD)

Month	Performance	Target	Trend	Assurance
Jan 2023	107	115	N/A	N/A



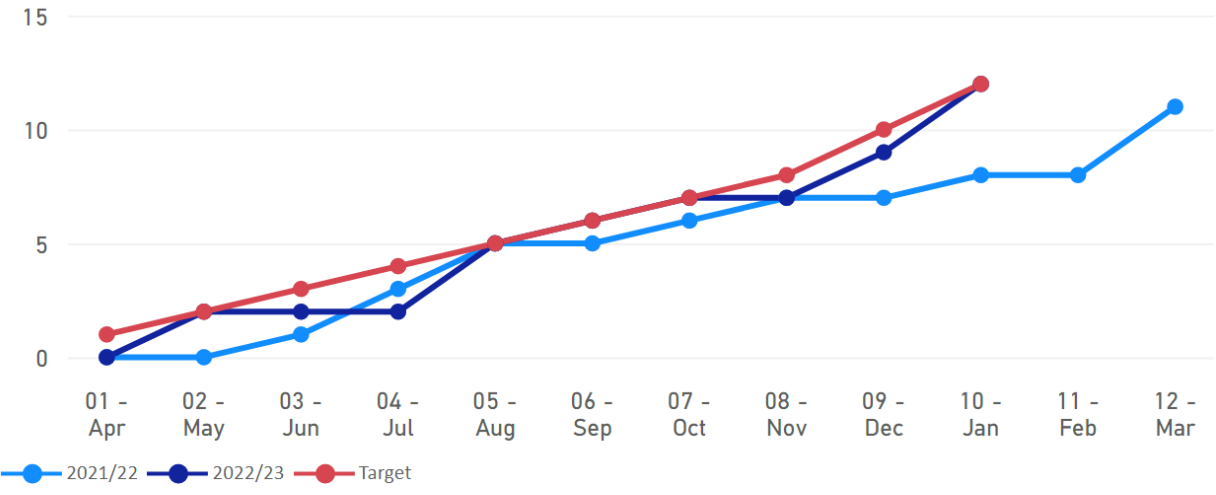
Klebsiella (YTD)

Month	Performance	Target	Trend	Assurance
Jan 2023	42	42	N/A	N/A



Pseudomonas (YTD)

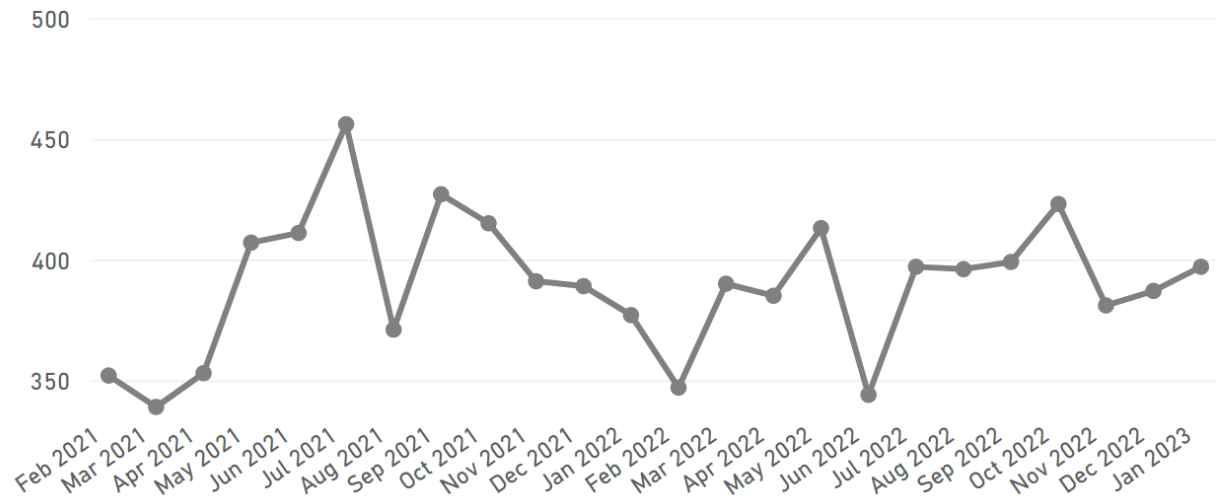
Month	Performance	Target	Trend	Assurance
Jan 2023	12	12	N/A	N/A



SAFE

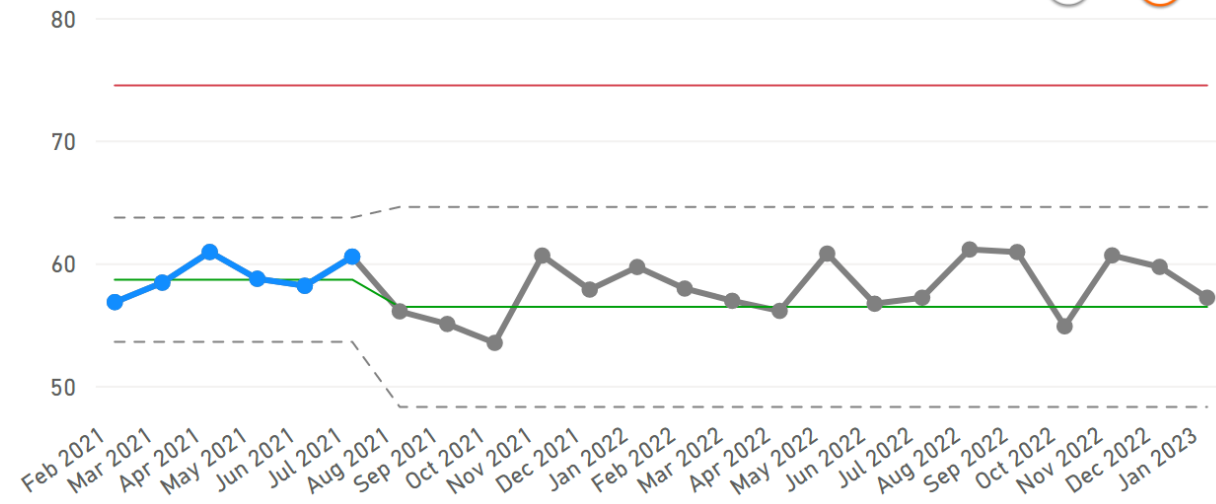
No. of babies born

Month	Performance	Target	Trend	Assurance
Jan 2023	397		N/A	N/A



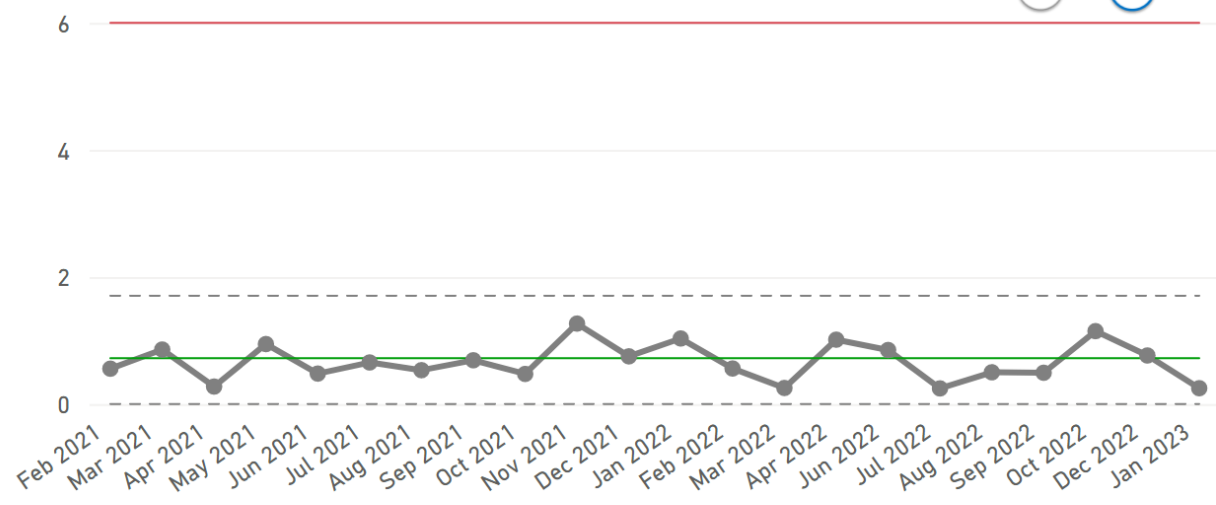
Breast feeding initiated (48 hrs)

Month	Performance	Target	Trend	Assurance
Jan 2023	57.2%	74.5%		



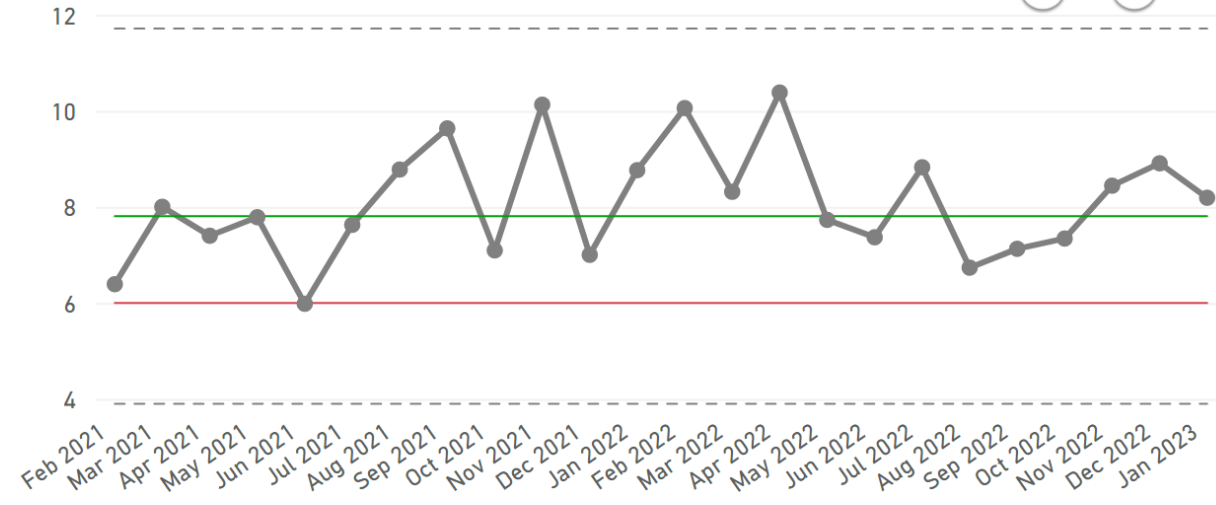
Preterm birth rate <26+6 wks

Month	Performance	Target	Trend	Assurance
Jan 2023	0.2%	6%		



Preterm birth rate 27 - 36+6 wks

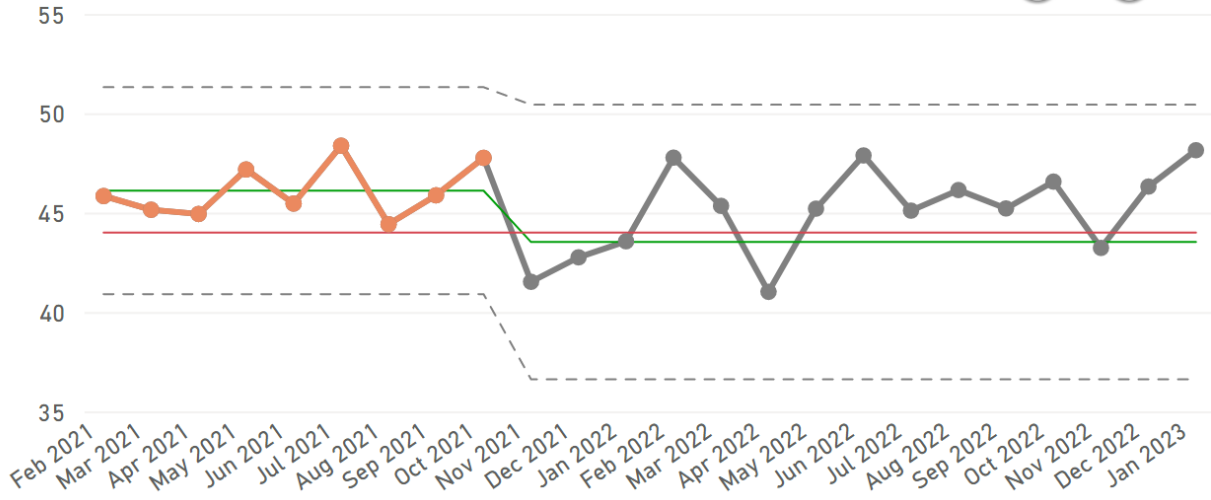
Month	Performance	Target	Trend	Assurance
Jan 2023	8.2%	6%		



SAFE

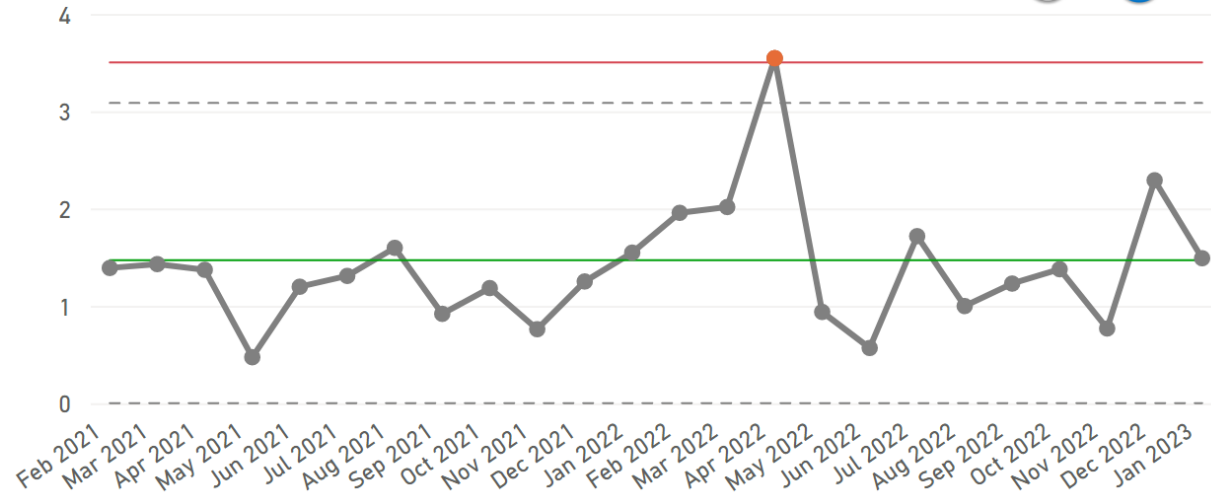
Induction of Labour (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	48.1%	44%		



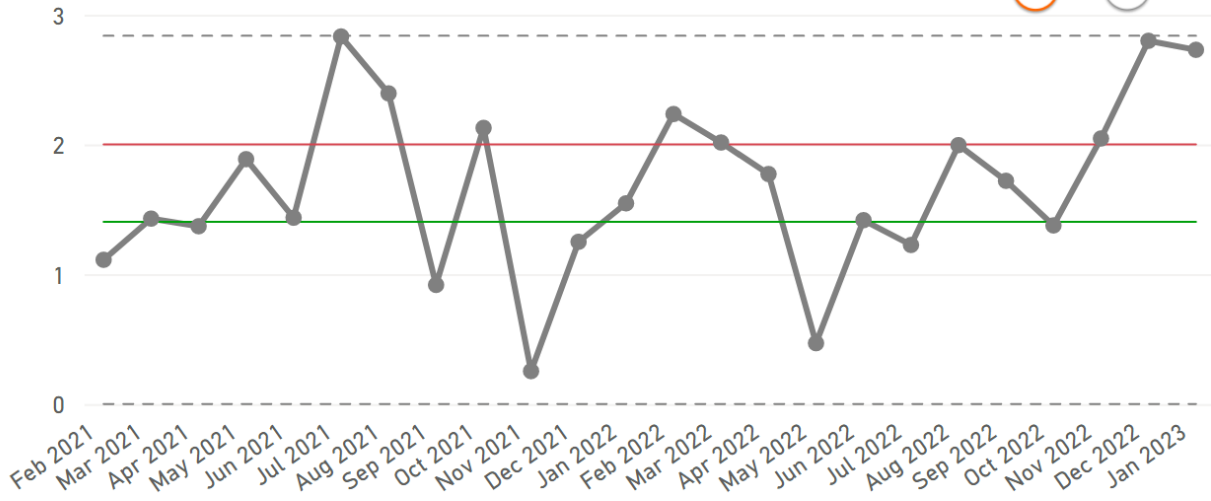
Number of 3rd/4th degree tear (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	1.5%	3.5%		



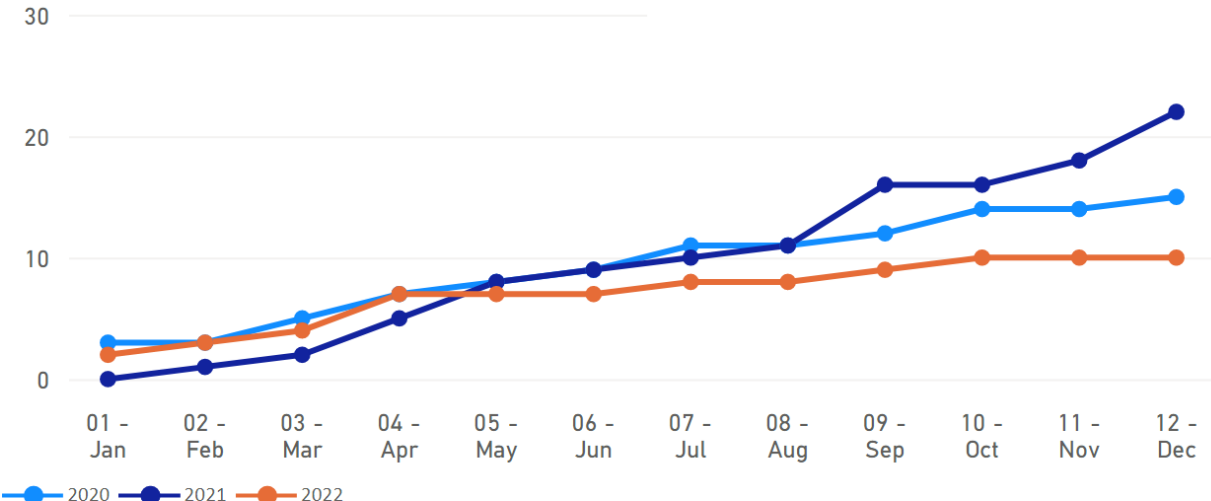
PPH > 1500ml (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	2.73%	2%		



Still Births (YTD)


Month	Performance	Target	Trend	Assurance
Jan 2023	0	17	N/A	N/A

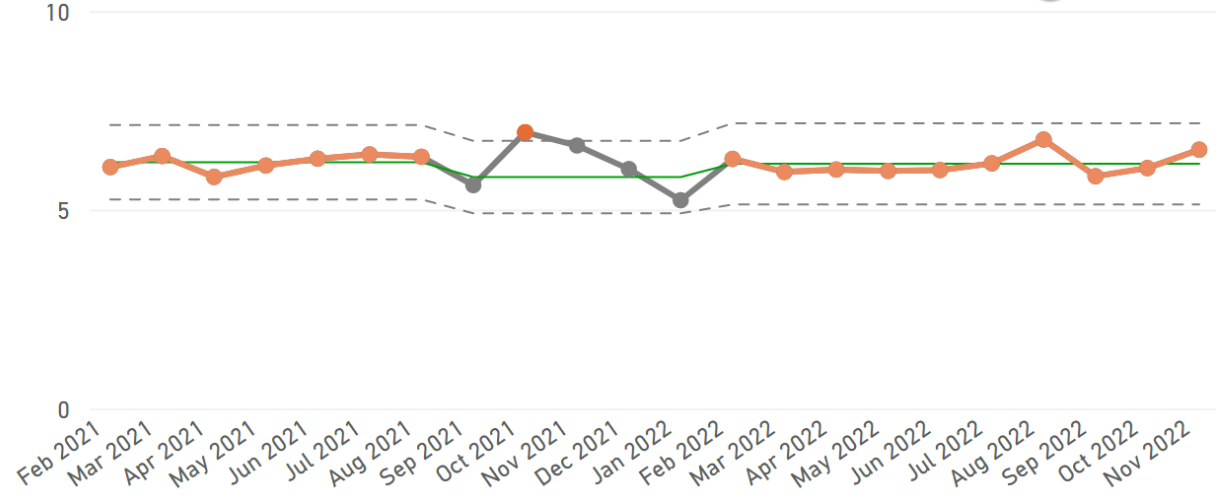


EFFECTIVE

Readmission Rate %



Month Performance Target Trend Assurance

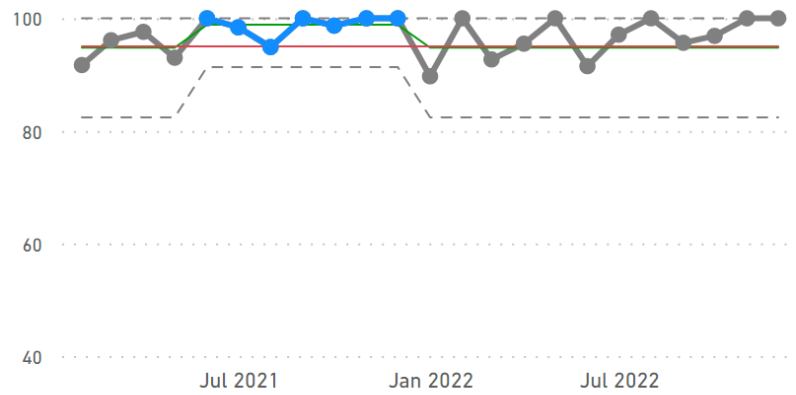
Nov 2022 6.5%  N/A





EFFECTIVE

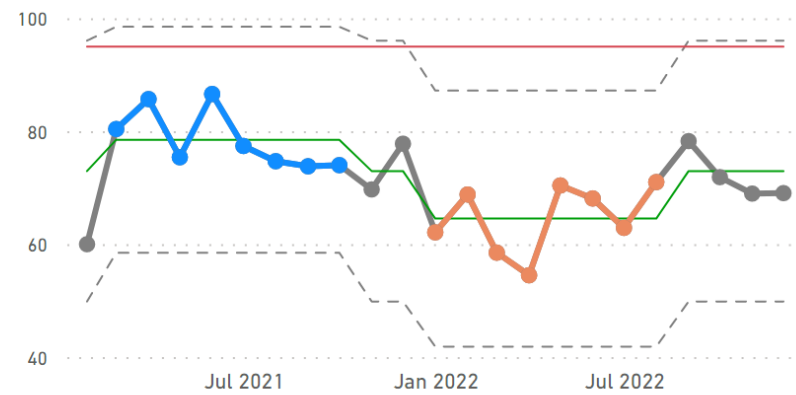
Sepsis - Oxygen within 1hr

Month: Dec 2022
 Performance: 100%
 Target: 95%
 Trend: 
 Assurance: 





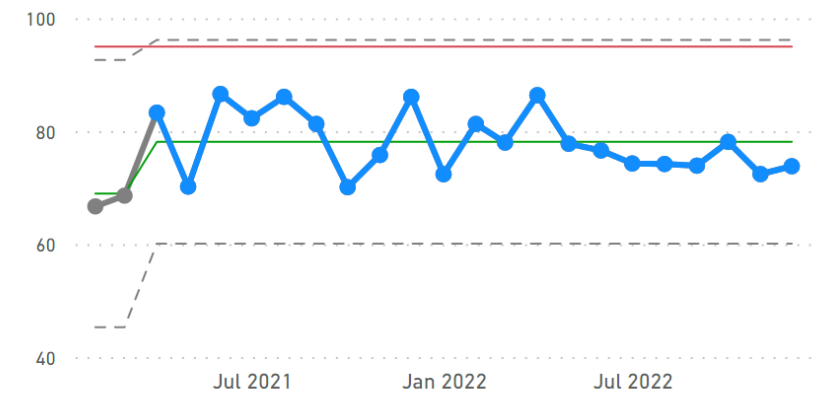
Sepsis - Blood cultures within 1hr

Month: Dec 2022
 Performance: 69%
 Target: 95%
 Trend: 
 Assurance: 





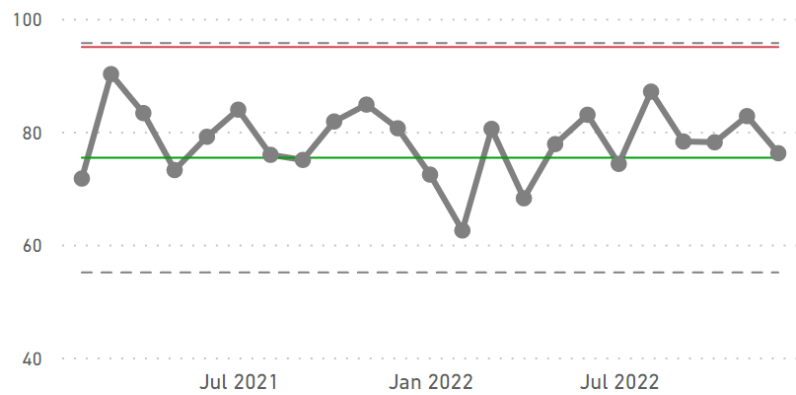
Sepsis - IV antibiotics within 1hr

Month: Dec 2022
 Performance: 73.8%
 Target: 95%
 Trend: 
 Assurance: 





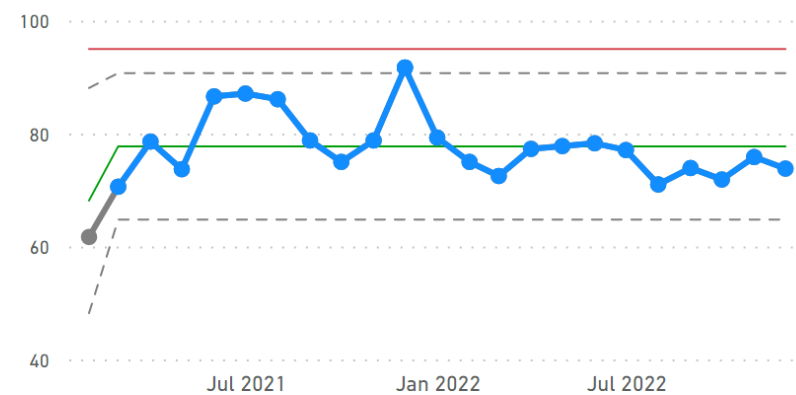
Sepsis - Serum lactate within 1hr

Month: Dec 2022
 Performance: 76.2%
 Target: 95%
 Trend: 
 Assurance: 





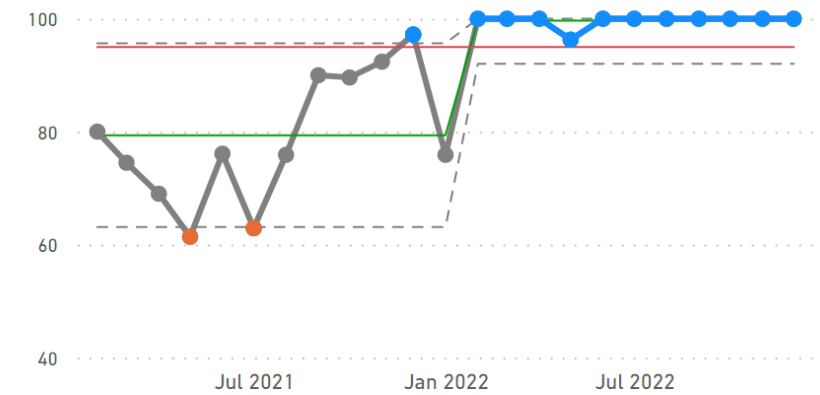
IV fluid resuscitation within 1hr

Month: Dec 2022
 Performance: 73.8%
 Target: 95%
 Trend: 
 Assurance: 

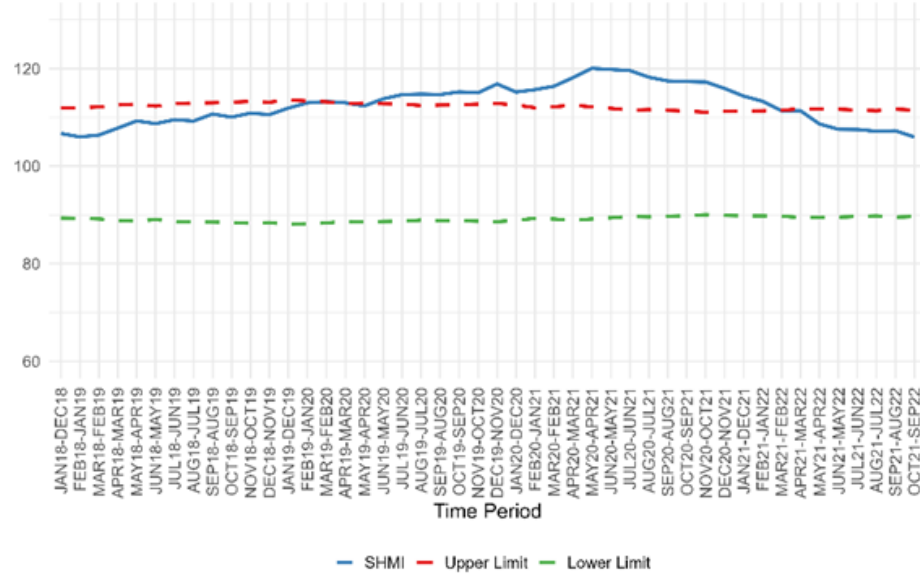


Sepsis - Urine measurement within 1hr

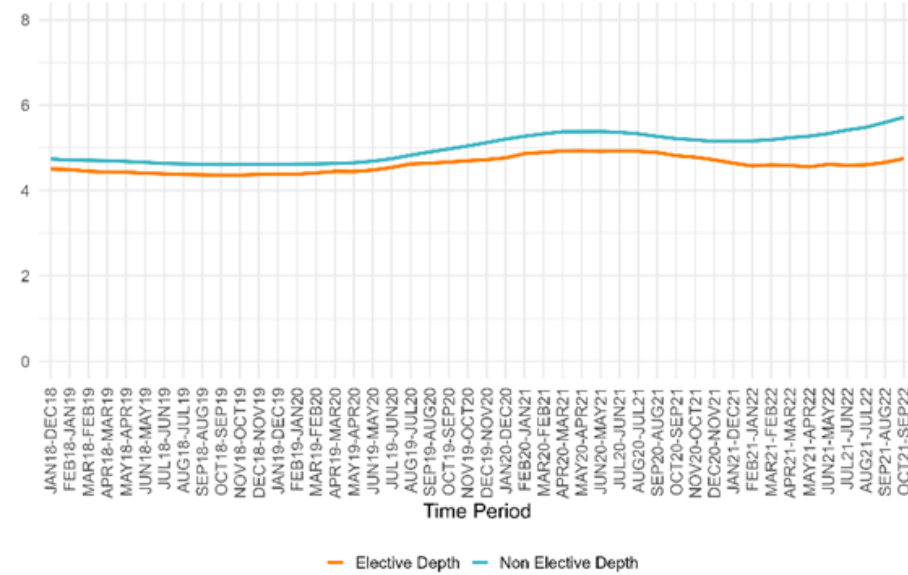
Month: Dec 2022
 Performance: 100%
 Target: 95%
 Trend: 
 Assurance: 



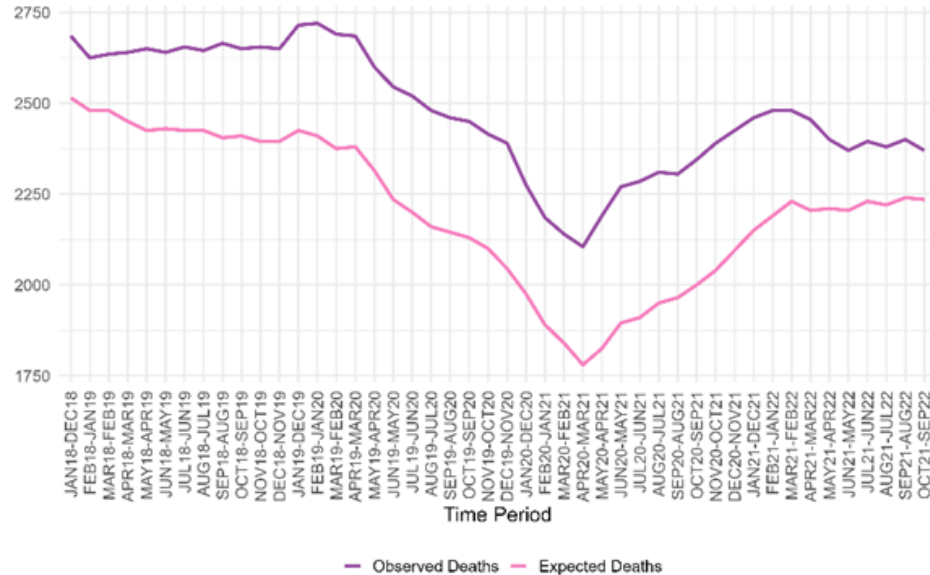
Rolling 12 month SHMI and 95% limits adjusted for over-dispersion - South Tees



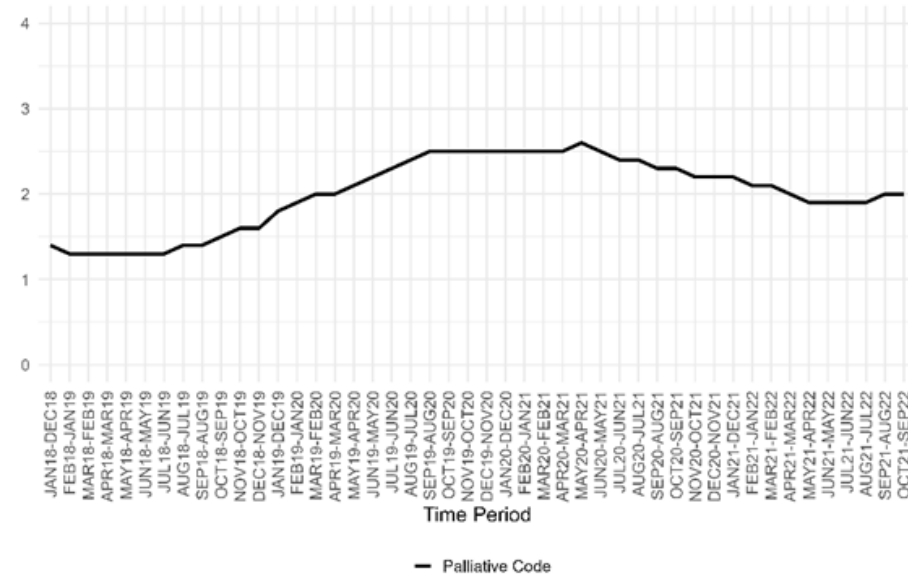
Rolling 12 month elective and non-elective coding depth - South Tees



Count of SHMI Observed and Expected deaths - South Tees



Rolling 12 month proportion of spells with palliative care code - South Tees



Latest SHMI = 106.0
(Oct 2021 – Sep 2022)

Observed deaths = 2370
Expected deaths = 2235

Coding depth (codes / spell)
Elective = 4.7
Non-Elective = 5.7

Palliative care (%) = 2.0


Latest SHMI is:
'as expected'

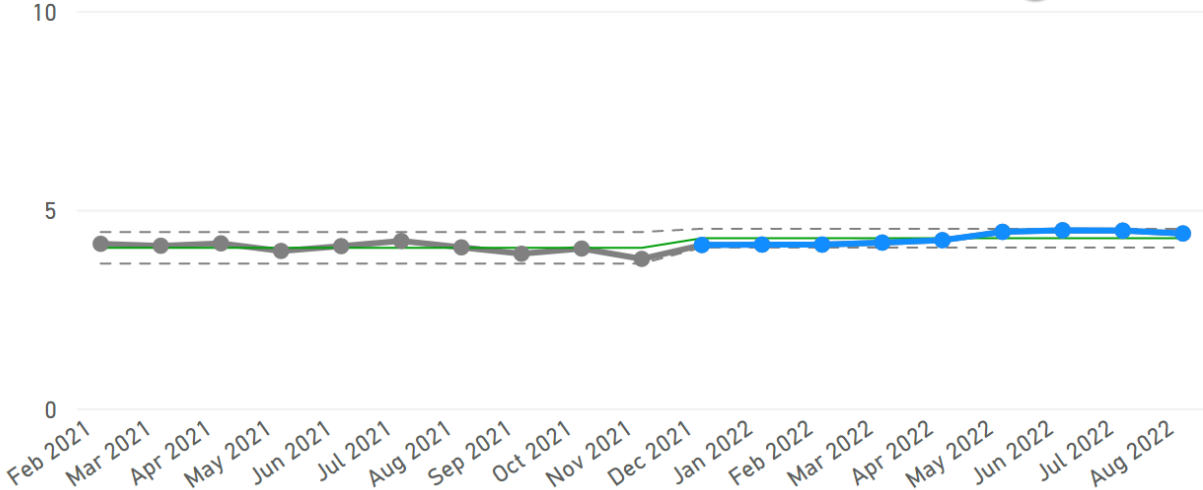
COVID-19 impact for England
Excluded spells = 4.6%
Spells as a % pre-pandemic
(2019 spells) = 87%

Data source: NHS Digital
Monthly SHMI publication

EFFECTIVE

Comorbidity Coding

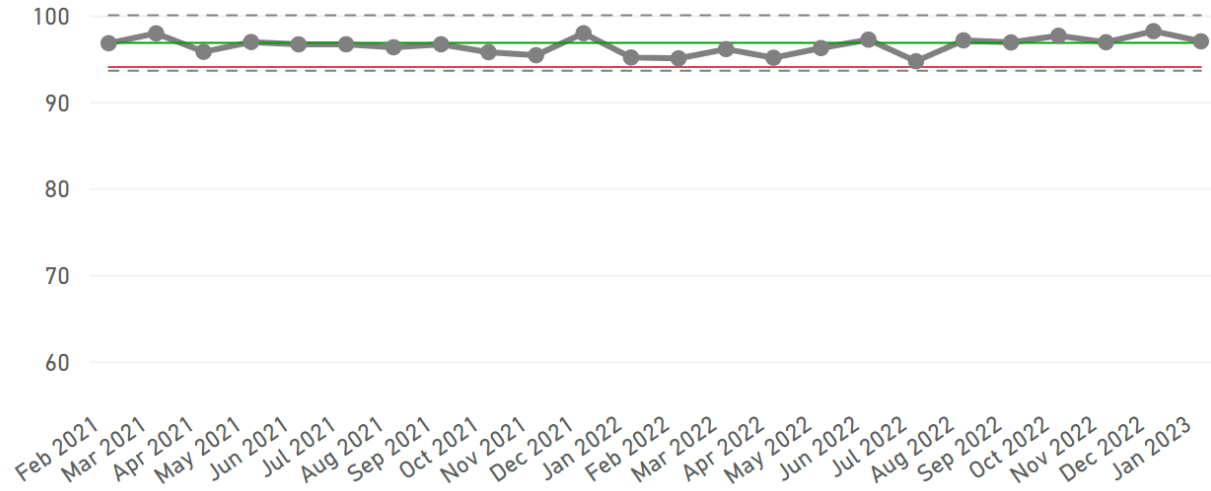
Month	Performance	Target	Trend	Assurance
Aug 2022	4.4			N/A



CARING

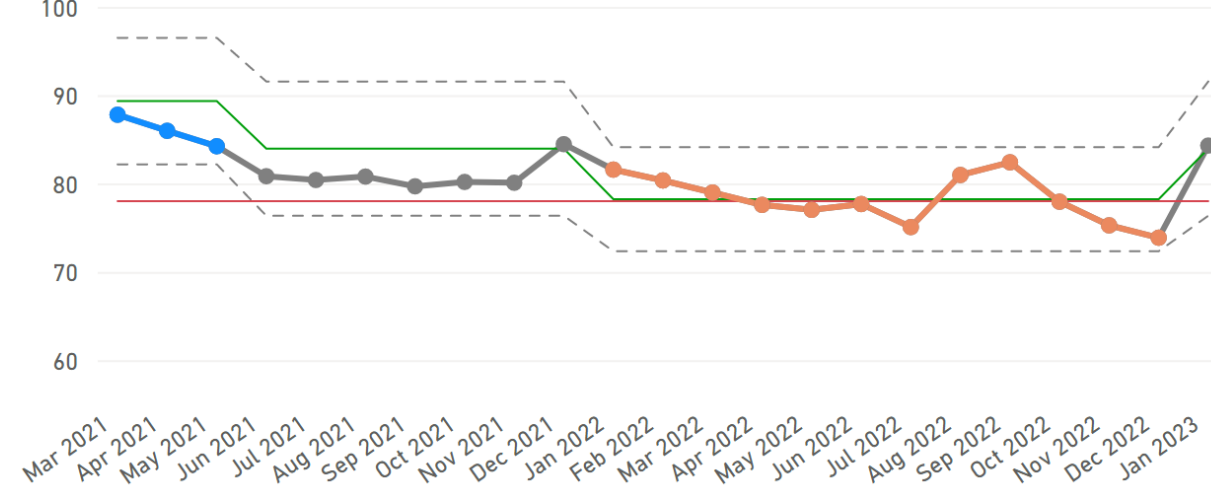
Inpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	97%	94%		



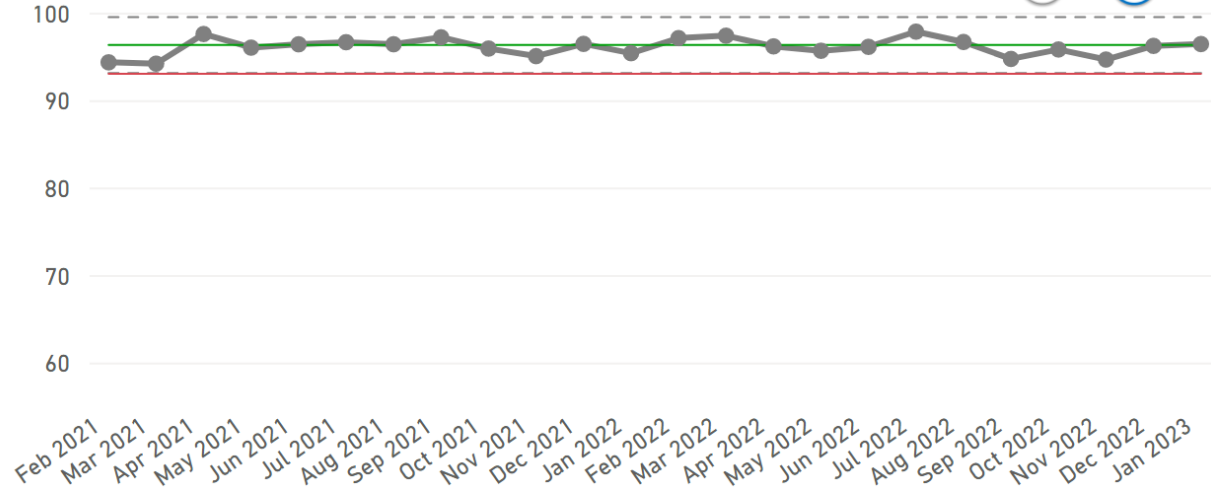
A&E Experience (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	84.3%	78%		



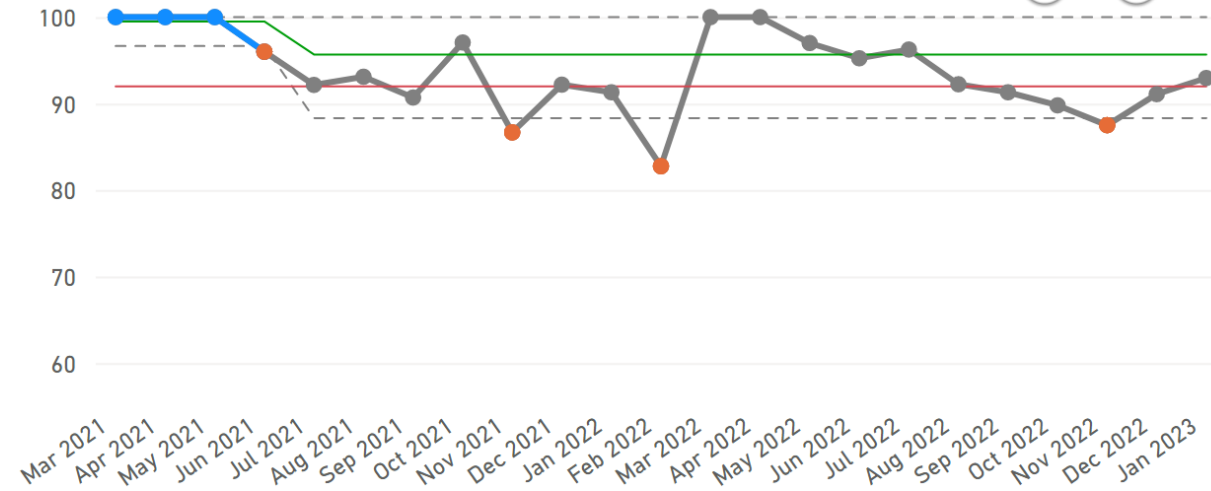
Outpatient Experience (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	96.4%	93%		



Maternity Experience (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	93%	92%		



CARING

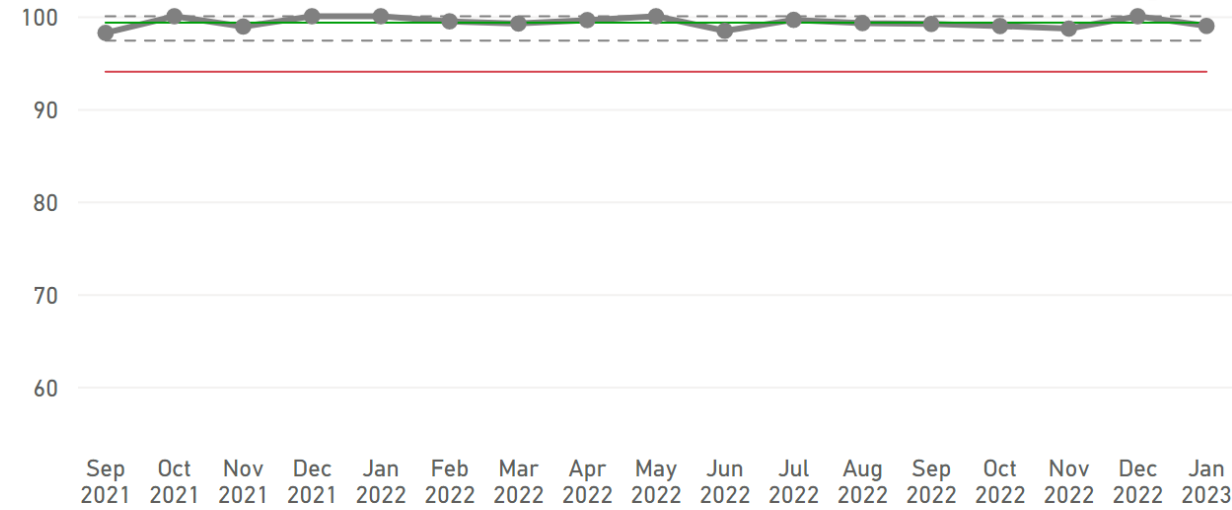
Community Experience (%)

Month Performance Target Trend Assurance

Jan 2023


99%

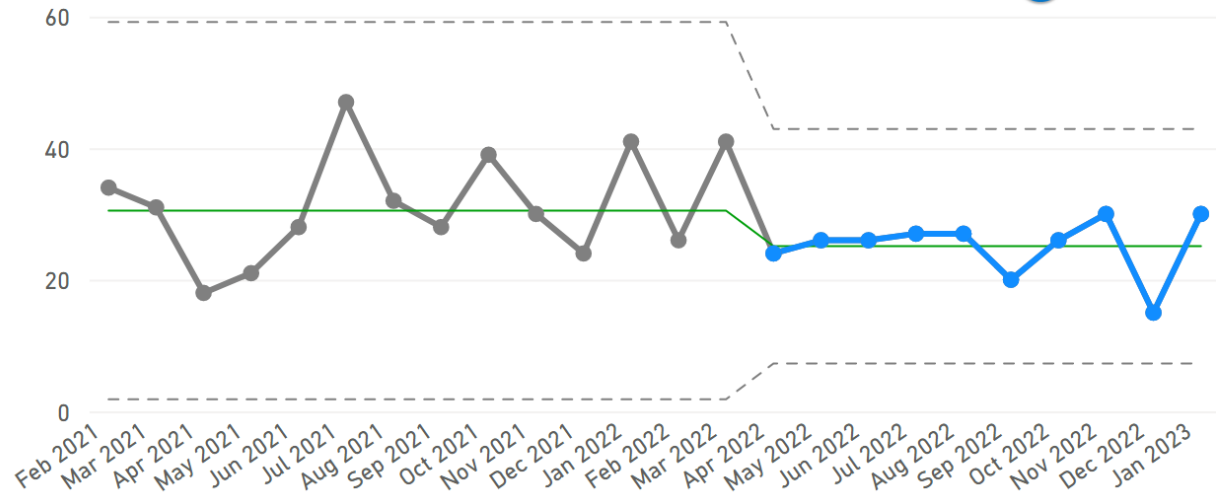
94%





CARING

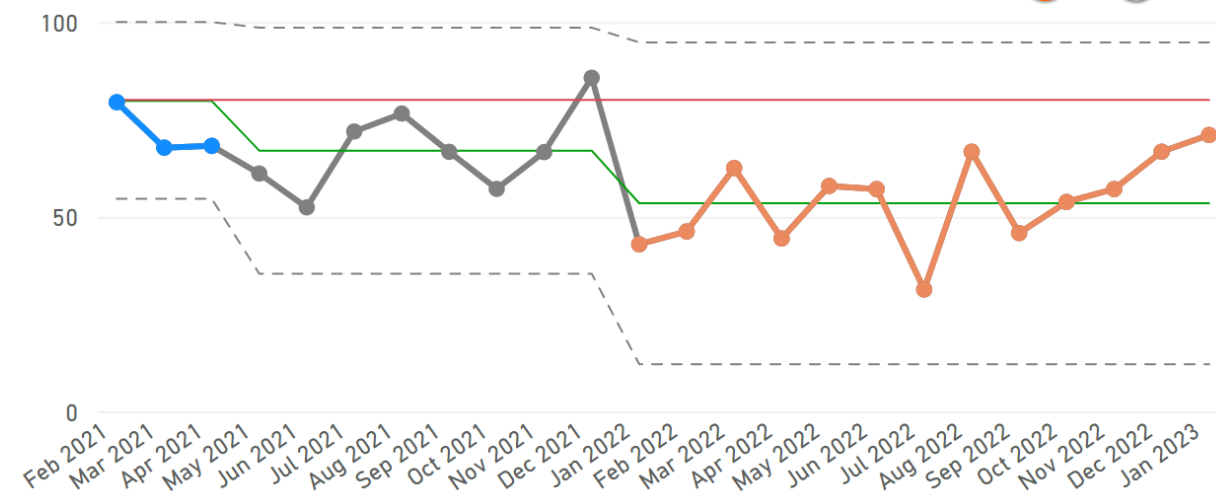
New Complaints

Month	Performance	Target	Trend	Assurance
Jan 2023	30			N/A



Closed Within Target (%)

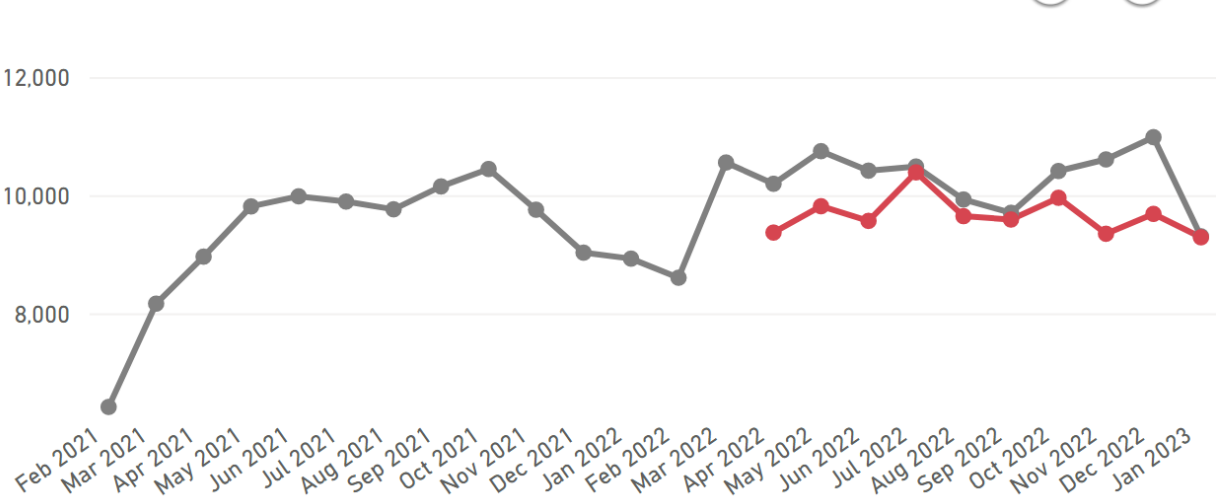
Month	Performance	Target	Trend	Assurance
Jan 2023	71%	80%		



RESPONSIVE

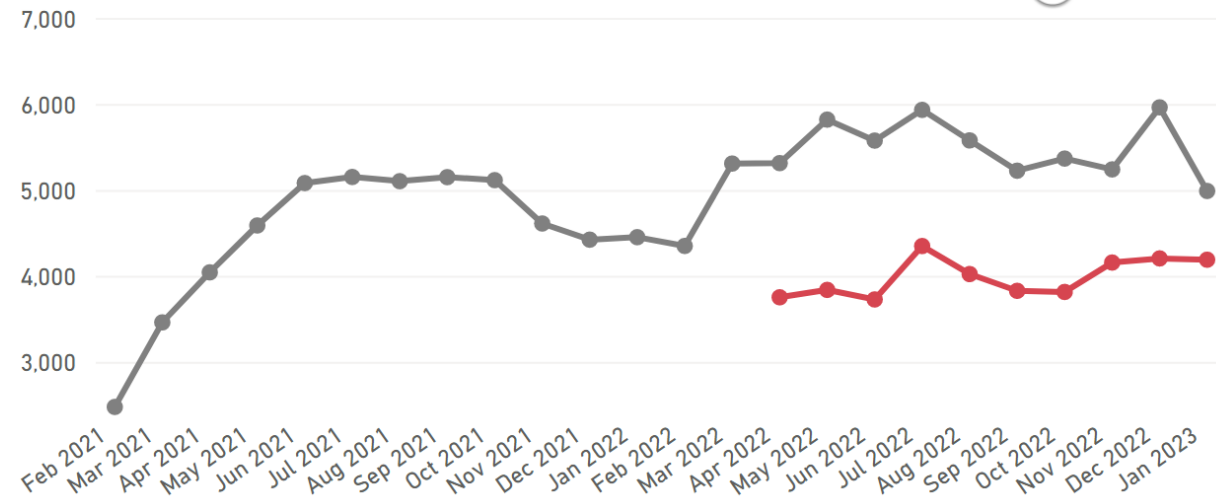
ED Attendances - Type 1 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Jan 2023	9303	9286		



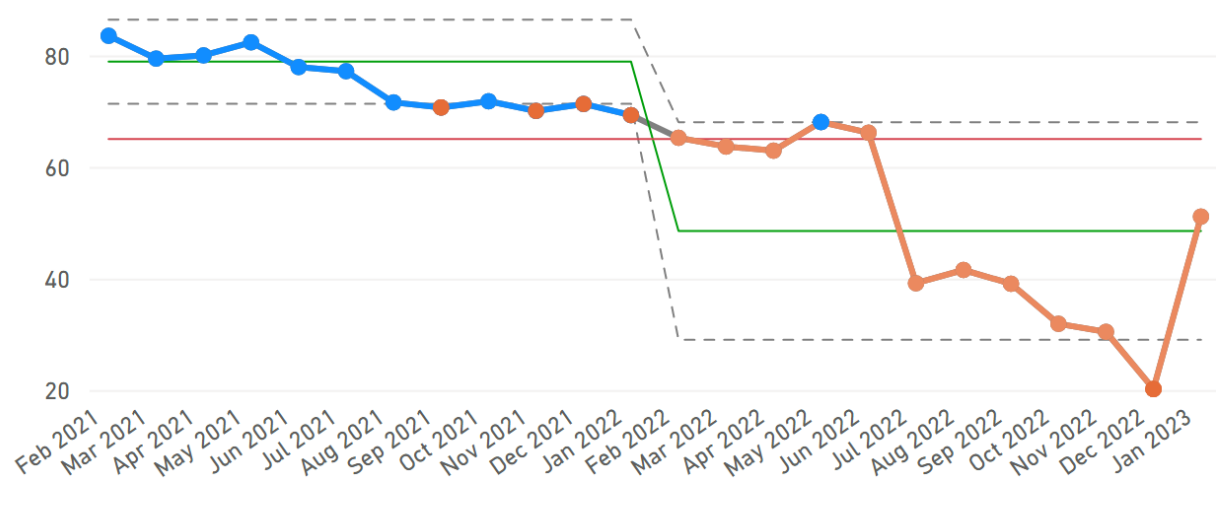
ED Attendances - Type 3 (vs 19/20)

Month	Performance	Target	Trend	Assurance
Jan 2023	4987	4188		N/A



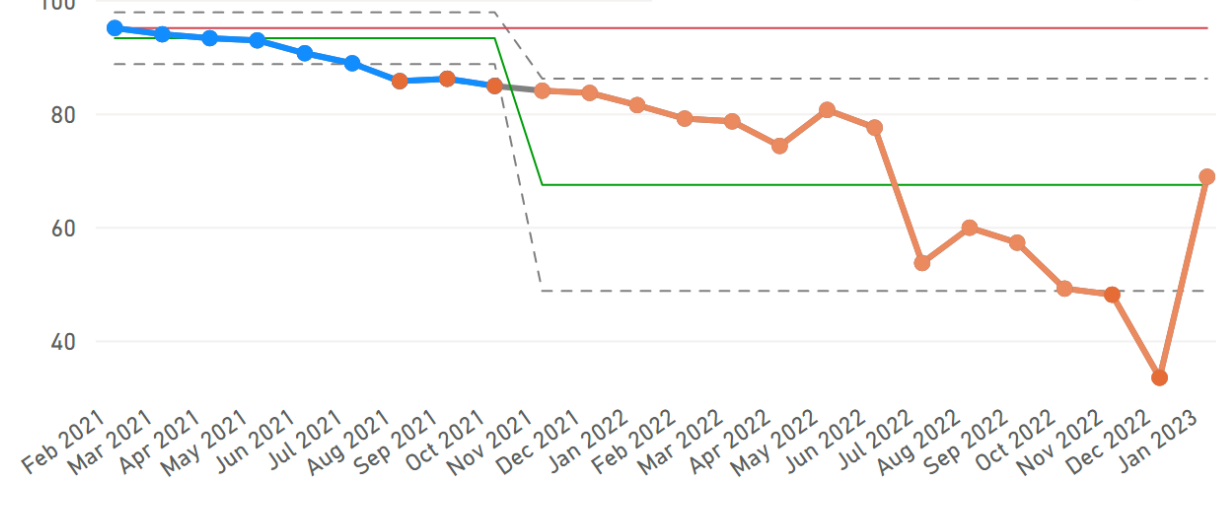
Handovers - Within 15 Mins (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	51.1%	65%		





Handovers - Within 30 Mins (%)

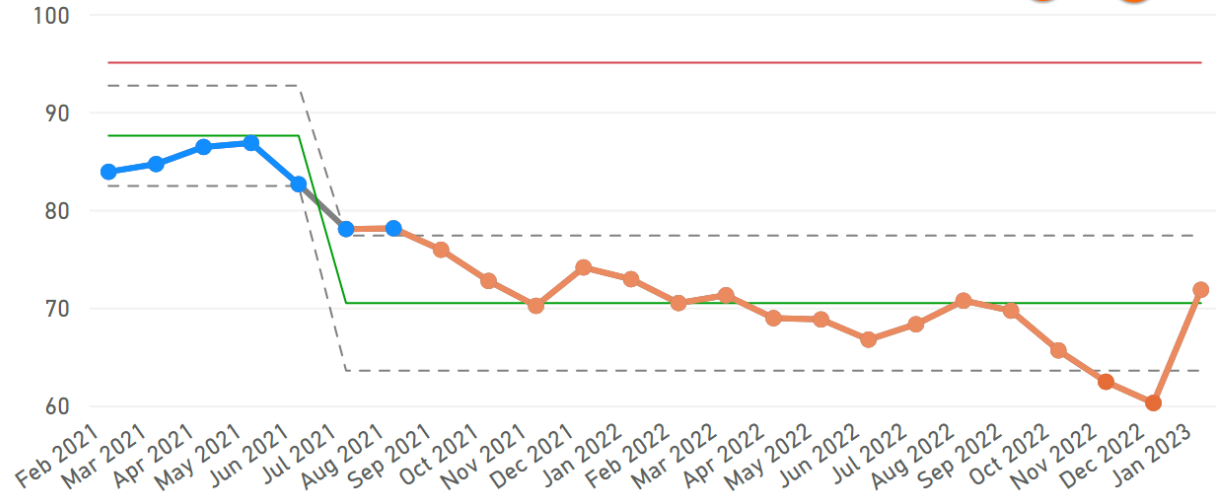
Month	Performance	Target	Trend	Assurance
Jan 2023	68.8%	95%		



RESPONSIVE

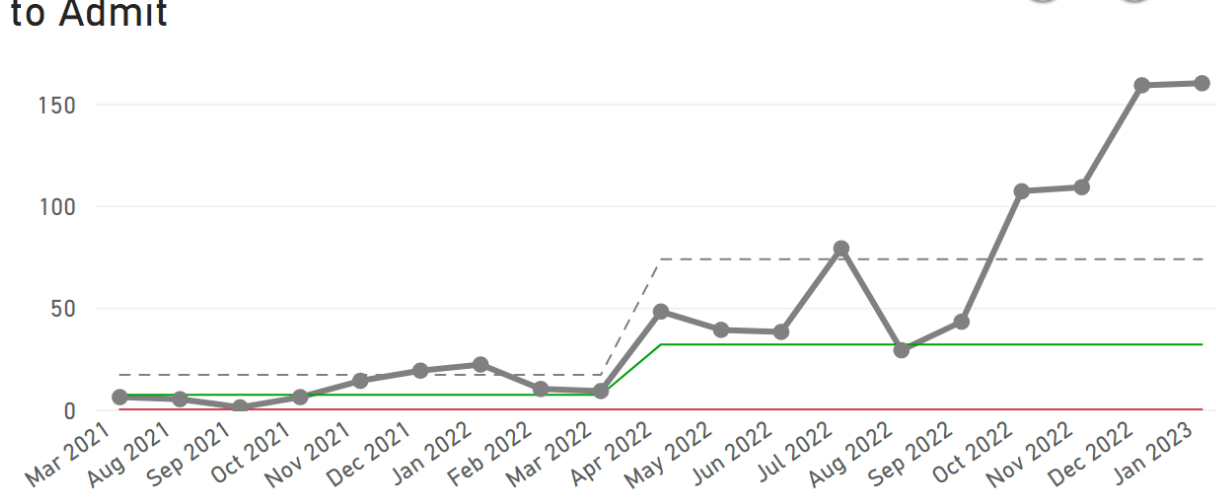
4-Hour A&E Standard

Month	Performance	Target	Trend	Assurance
Jan 2023	71.8%	95%		



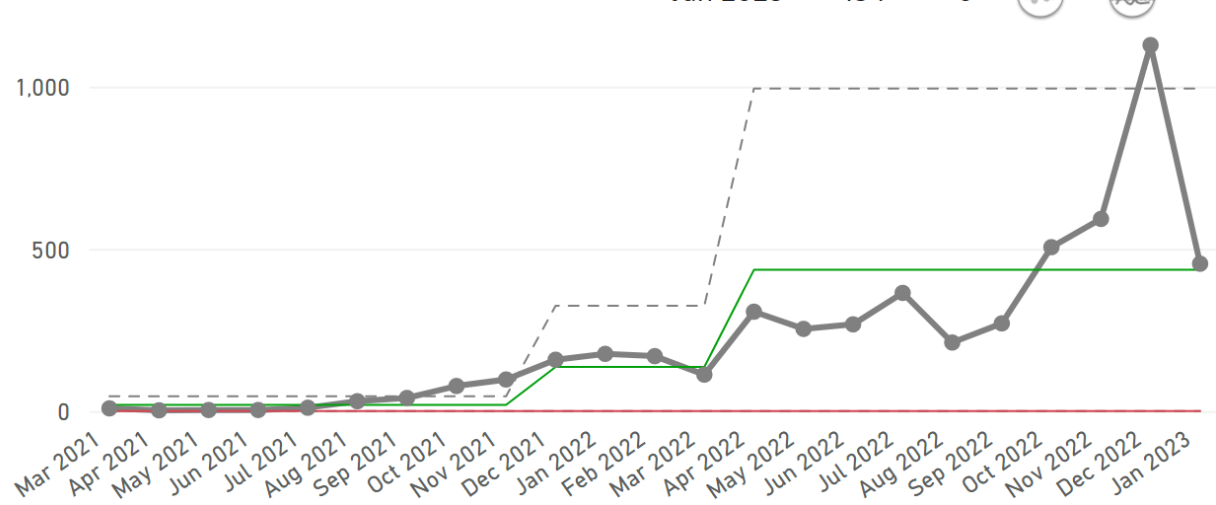
12-Hour Waits from Decision to Admit

Month	Performance	Target	Trend	Assurance
Jan 2023	160	0		





12-Hour A&E Breaches

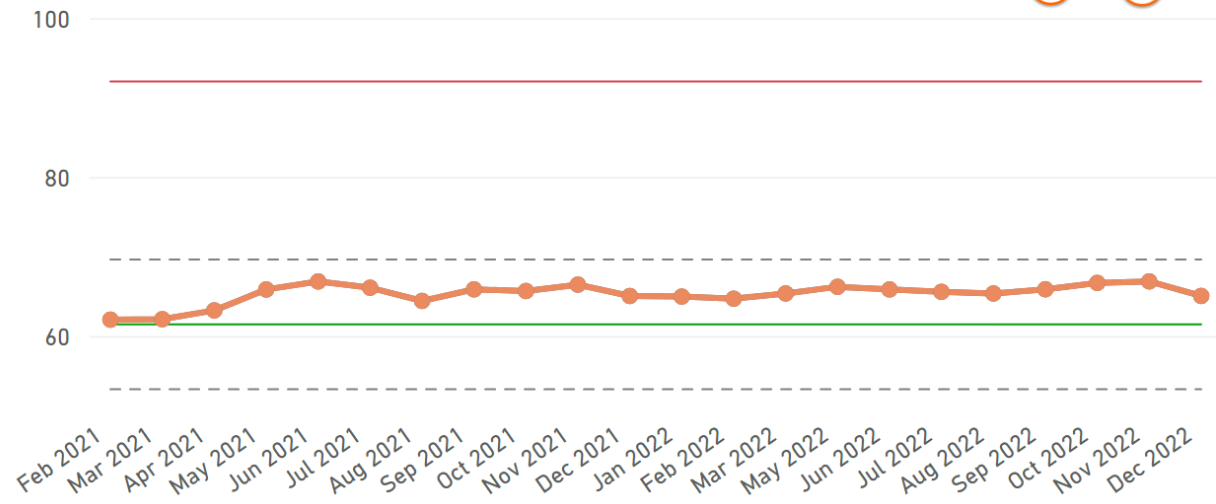
Month	Performance	Target	Trend	Assurance
Jan 2023	454	0		




RESPONSIVE

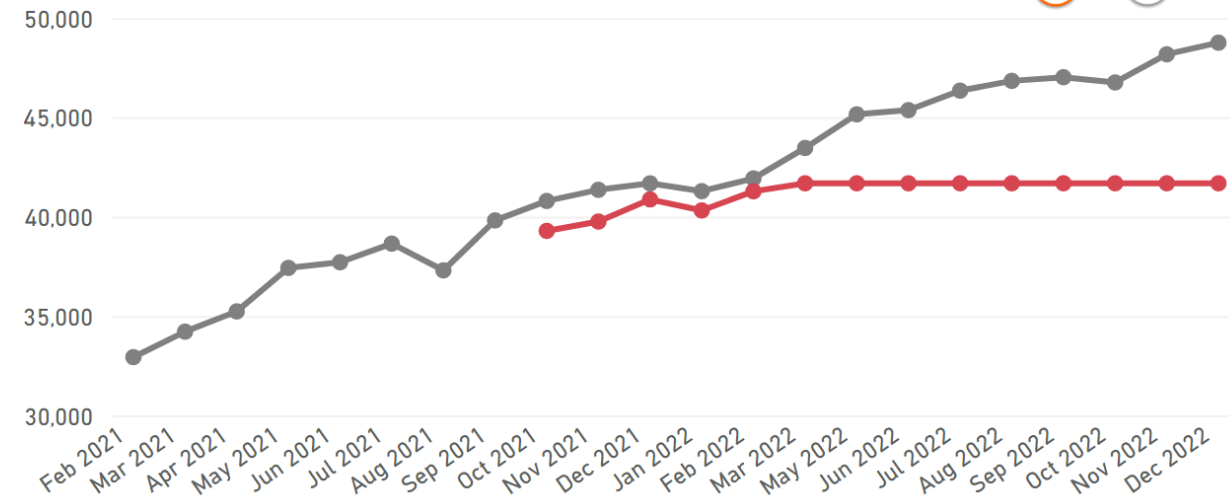
RTT Incomplete Pathways (%)

Month	Performance	Plan	Trend	Assurance
Dec 2022	65%	92%		



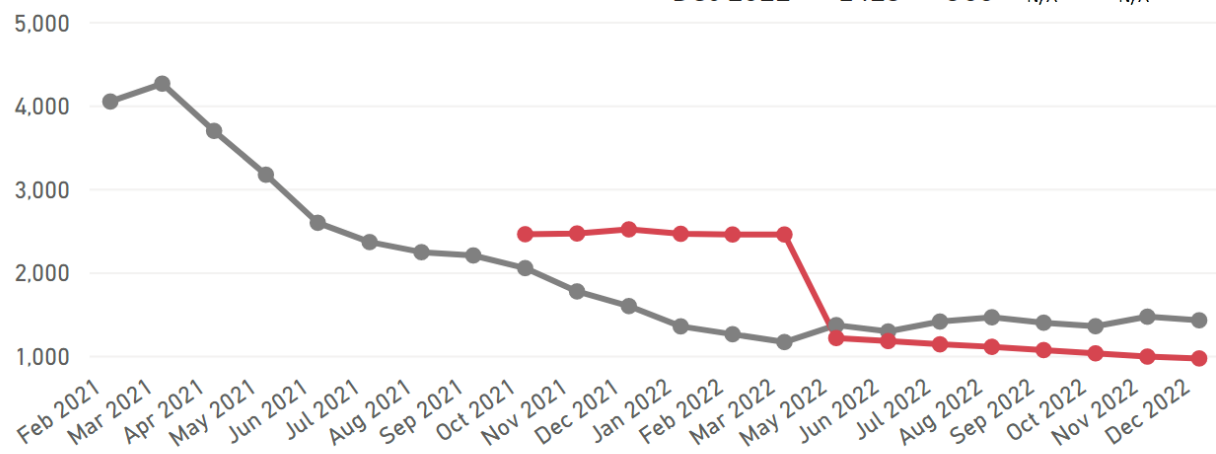
RTT Waiting List Size

Month	Performance	Plan	Trend	Assurance
Dec 2022	48751	41677		



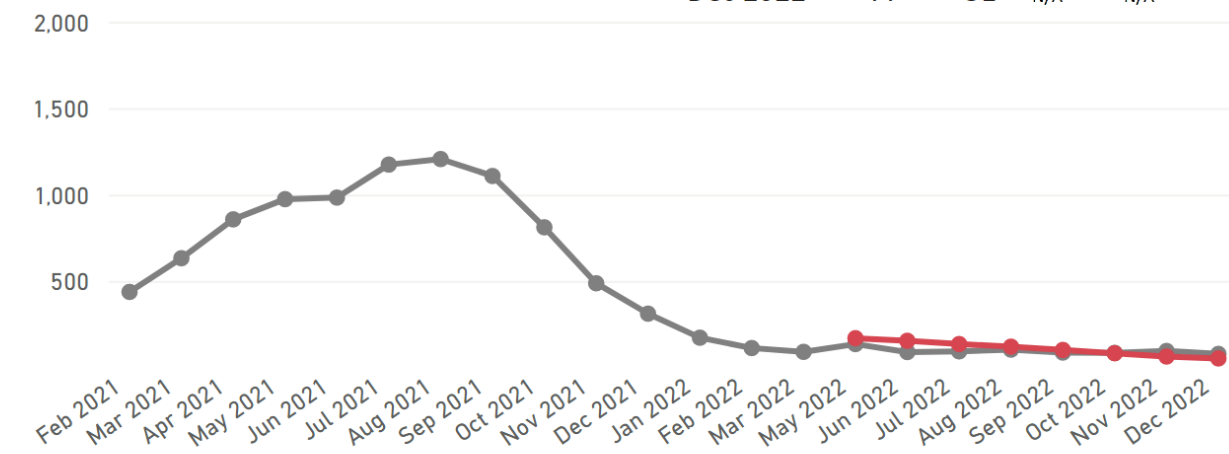
RTT 52 week waiters

Month	Performance	Plan	Trend	Assurance
Dec 2022	1423	966	N/A	N/A



RTT 78 week waiters

Month	Performance	Plan	Trend	Assurance
Dec 2022	77	51	N/A	N/A



● Actual ● Plan

● Actual ● Plan

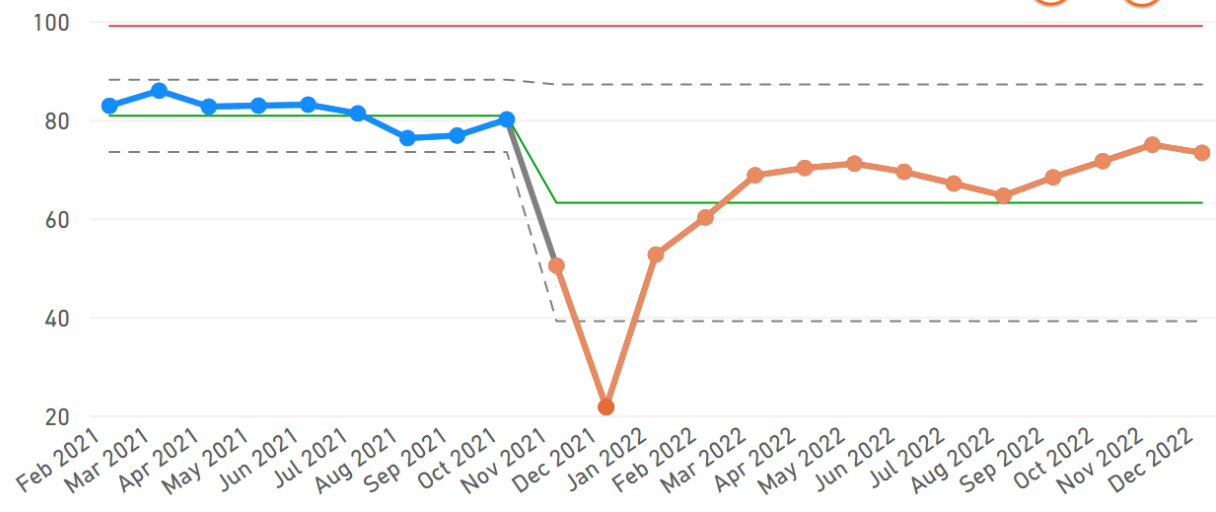
RESPONSIVE

Month Performance Target Trend Assurance

Dec 2022 73.3% 99%



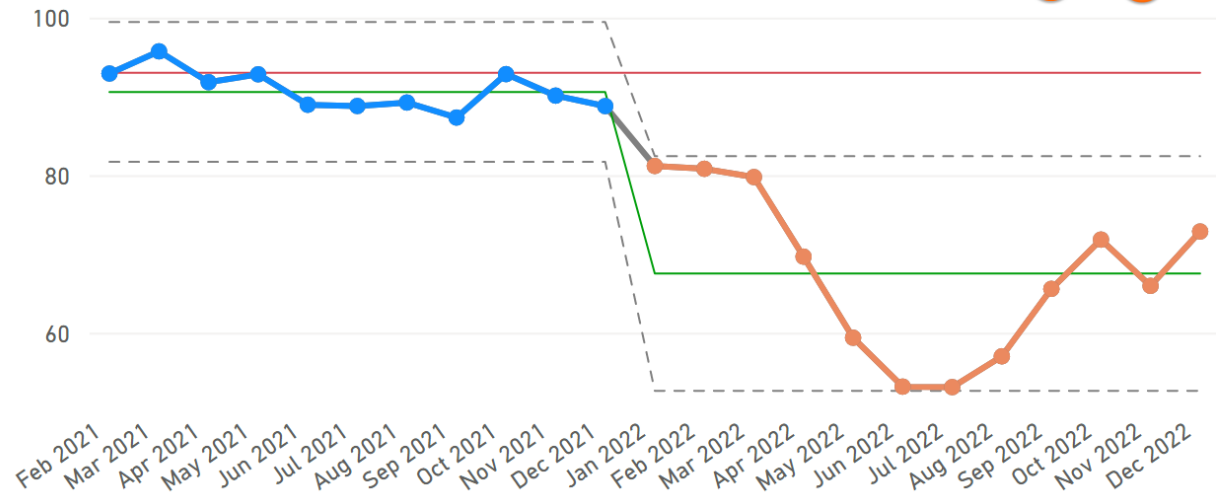
Diagnostic 6 Weeks Standard (%)



RESPONSIVE

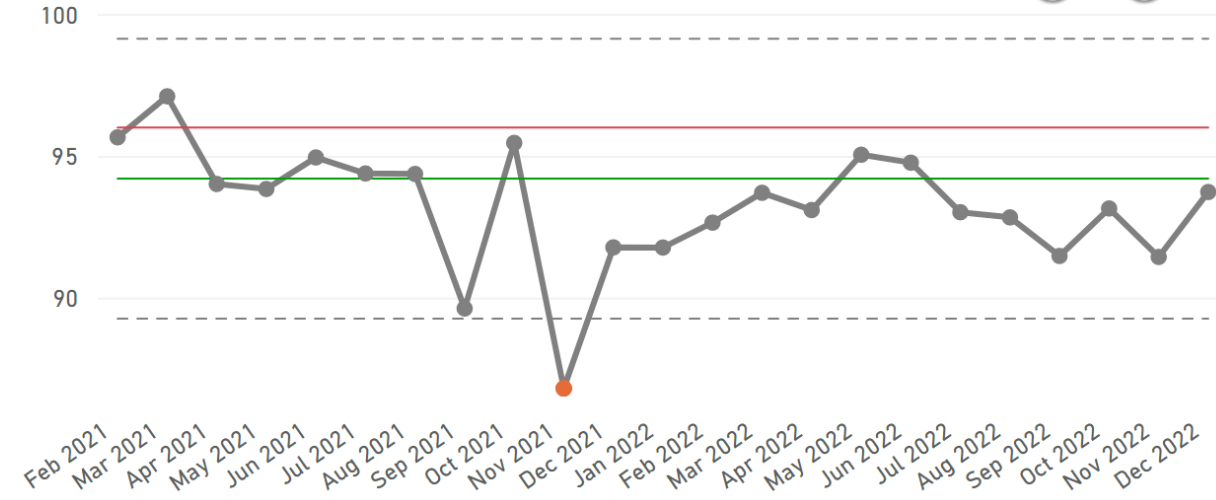
Cancer 14 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	72.8%	93%		



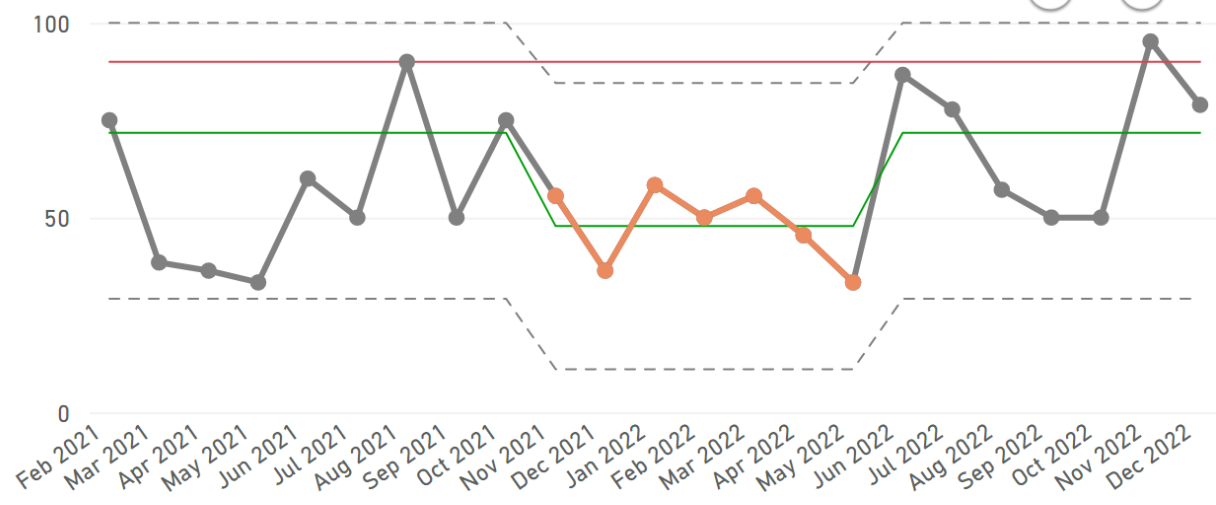
Cancer 31 Day Standard (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	93.7%	96%		



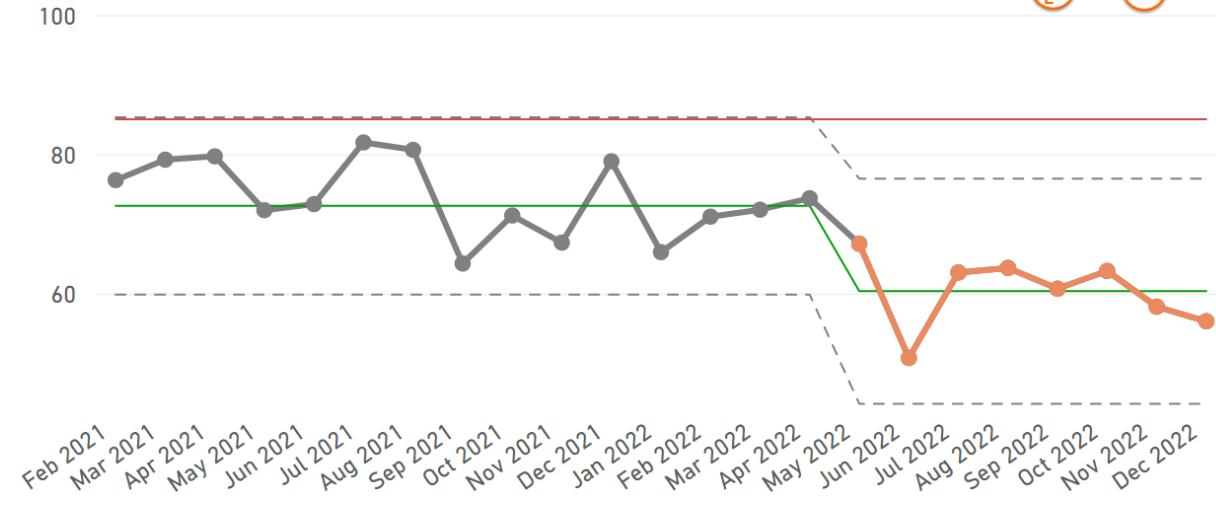
Cancer 62 Day Screening (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	78.9%	90%		





Cancer 62 Day Standard (%)

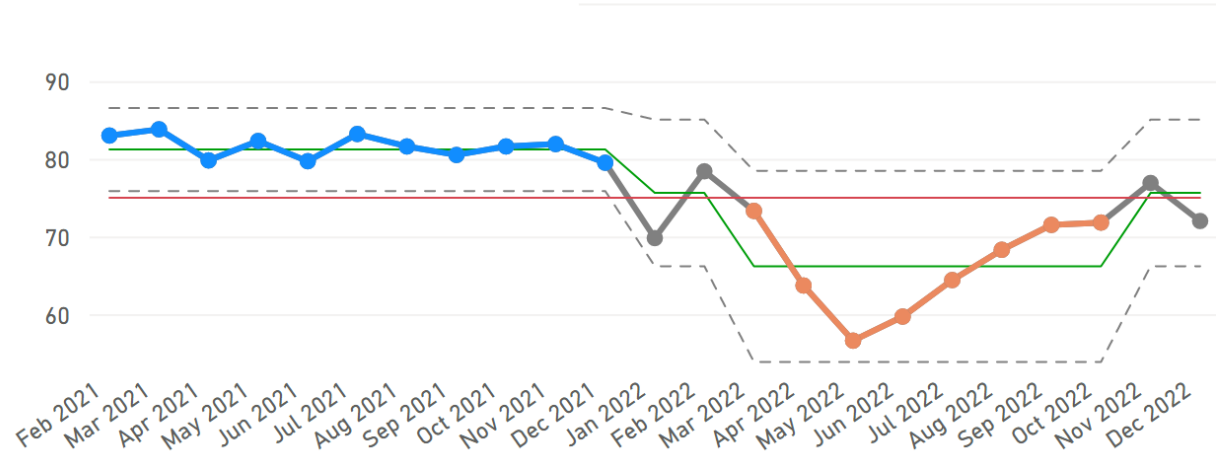
Month	Performance	Target	Trend	Assurance
Dec 2022	56%	85%		



RESPONSIVE

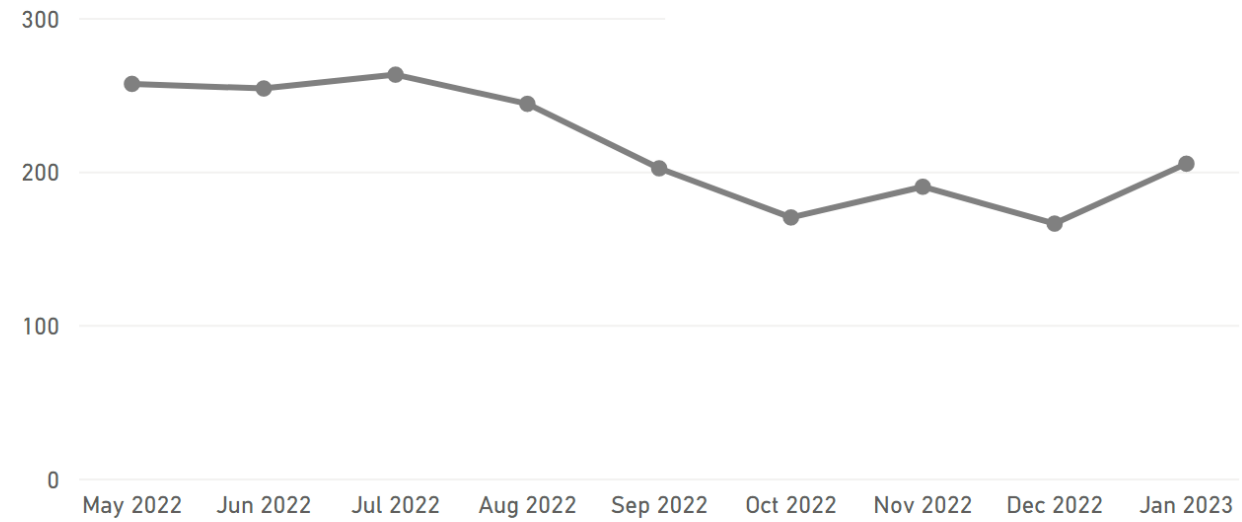
Cancer - Faster Diagnosis Standard (%)

Month	Performance	Target	Trend	Assurance
Dec 2022	72%	75%		



Cancer >62 Day Backlog

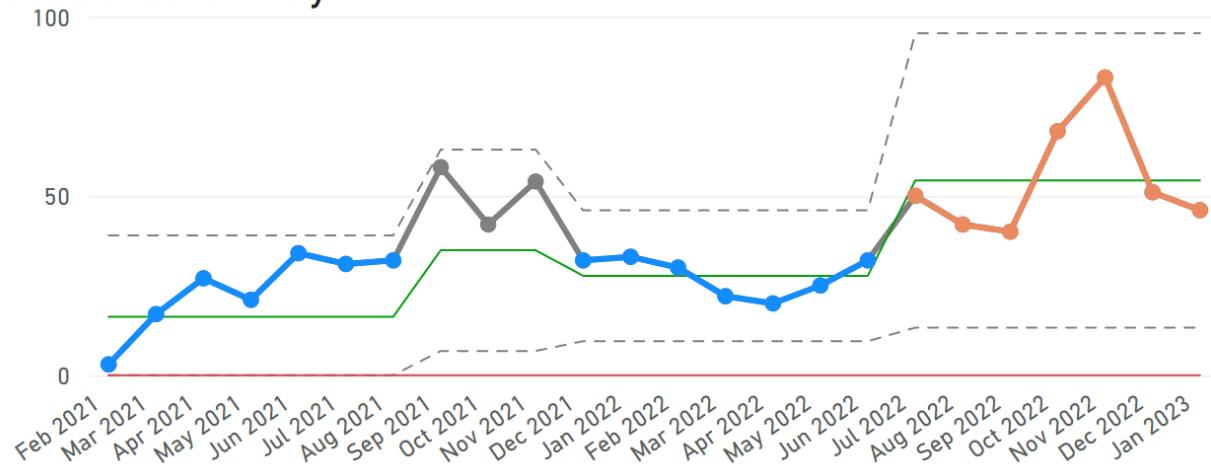
Month	Performance	Target	Trend	Assurance
Jan 2023	205		N/A	N/A



RESPONSIVE

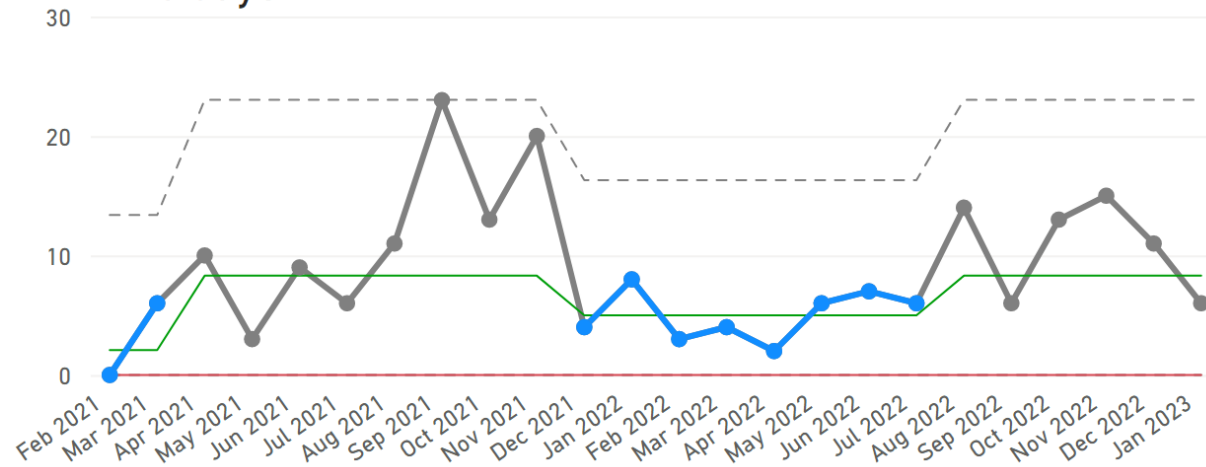
Cancelled Ops - Non-Urgent Cancelled On Day

Month	Performance	Target	Trend	Assurance
Jan 2023	46	0		



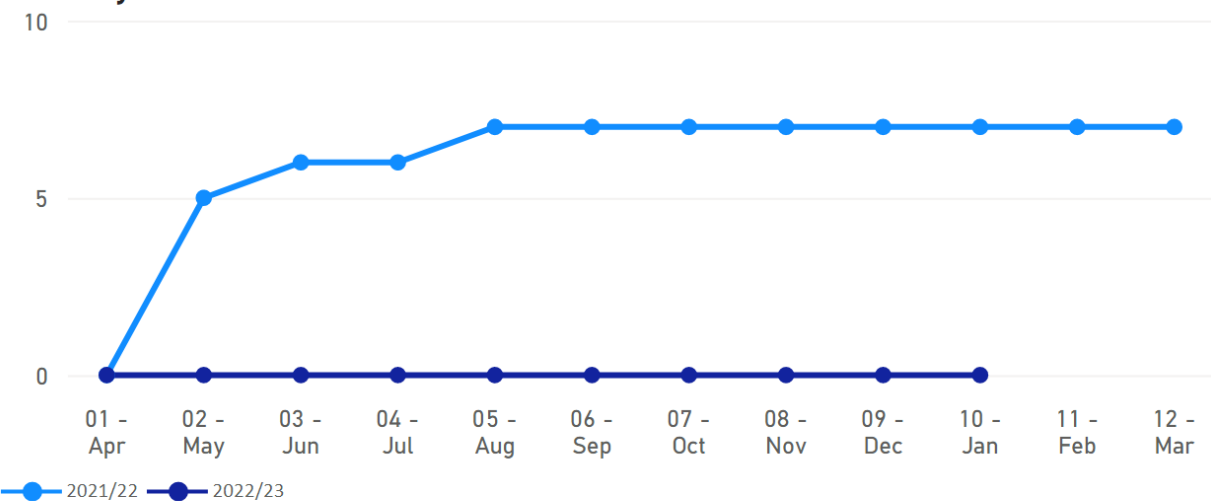
Cancelled Ops - Not Rebooked Within 28 days

Month	Performance	Target	Trend	Assurance
Jan 2023	6	0		



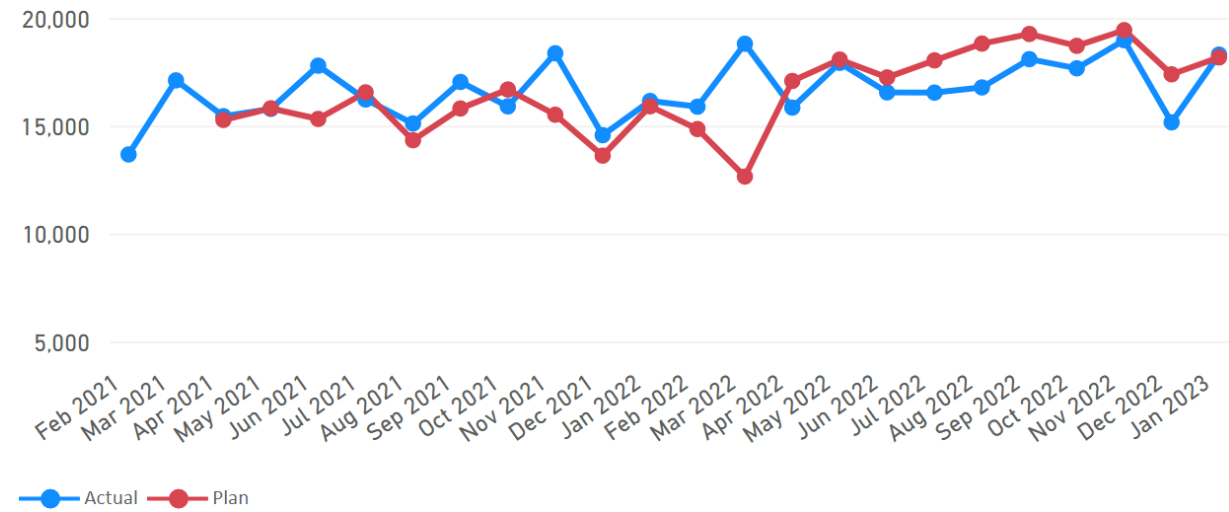
Cancer Operations Cancelled On Day (YTD)

Month	Performance	Target	Trend	Assurance
Jan 2023	0	0	N/A	N/A

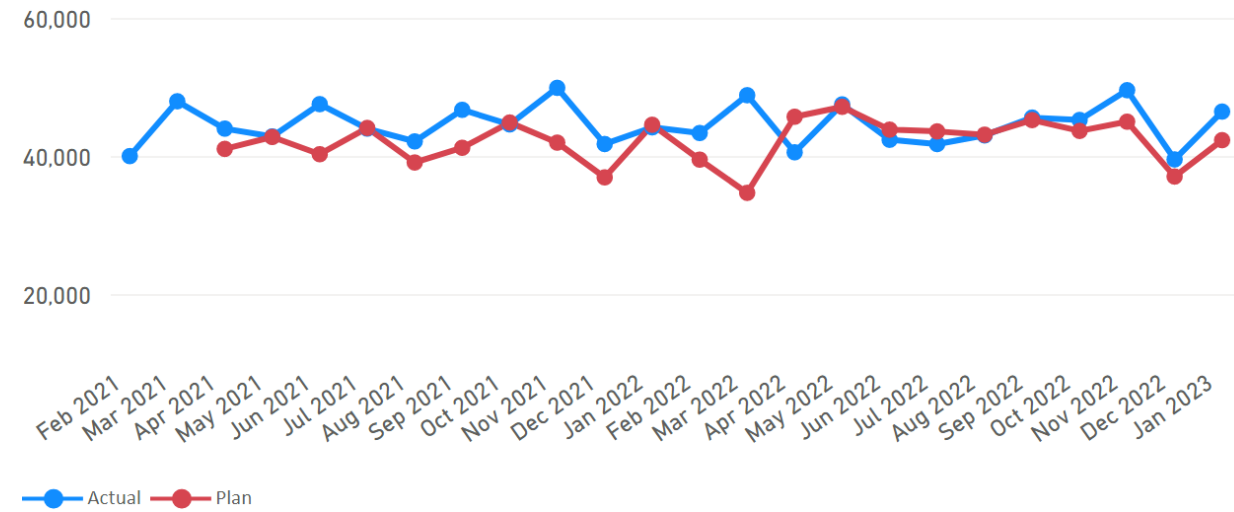


RESPONSIVE

Outpatient New Attendances

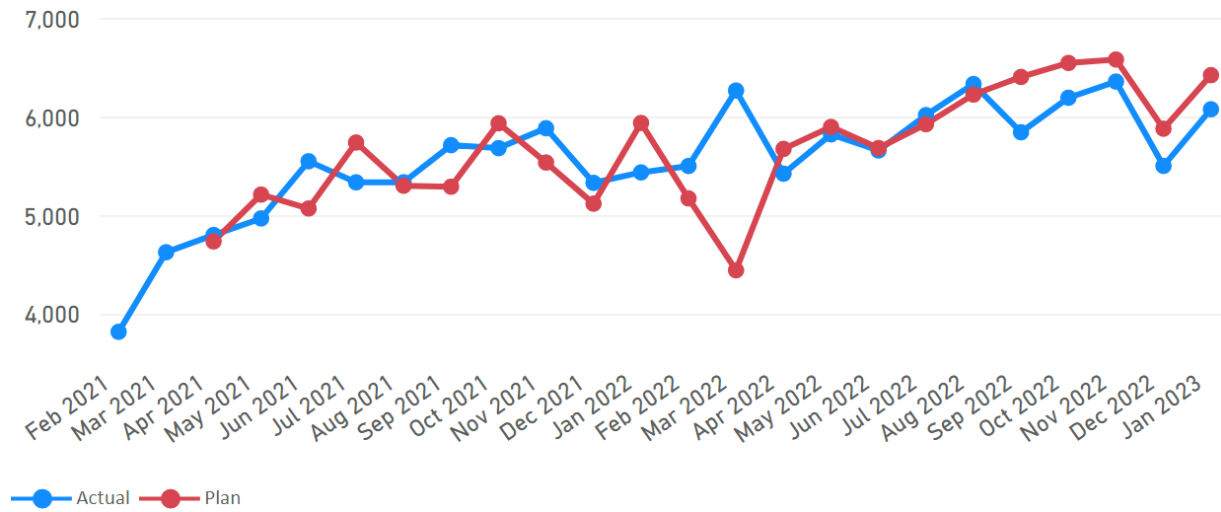


Outpatient Follow-Up Attendances

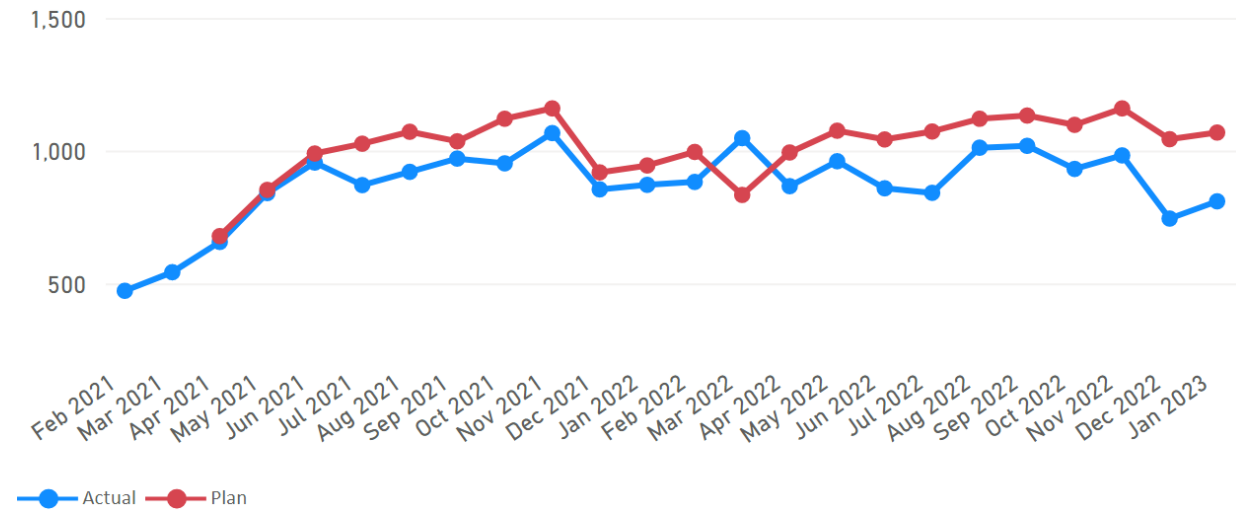


RESPONSIVE

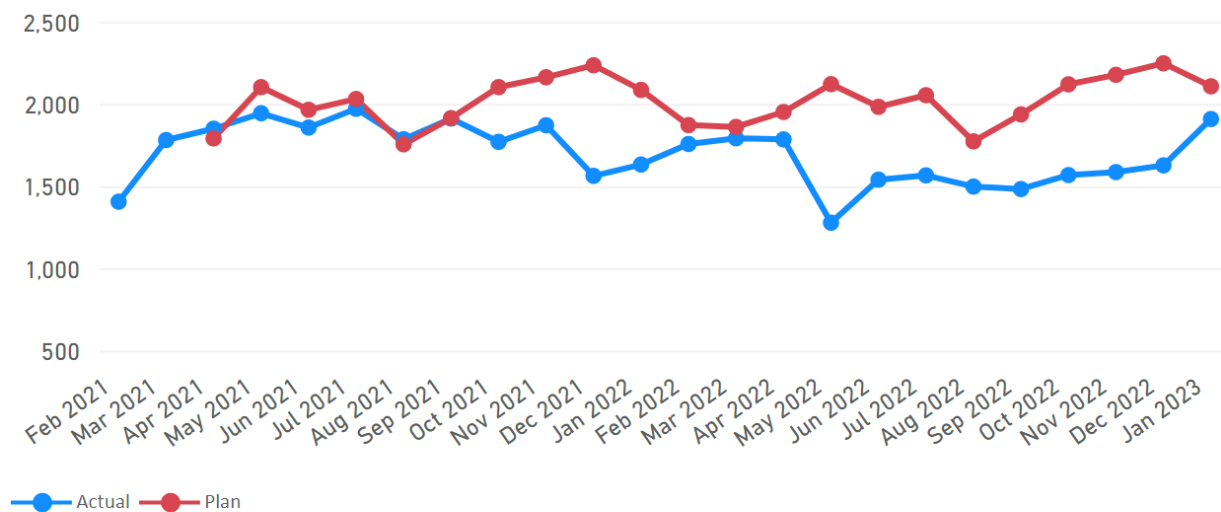
Day Case admissions



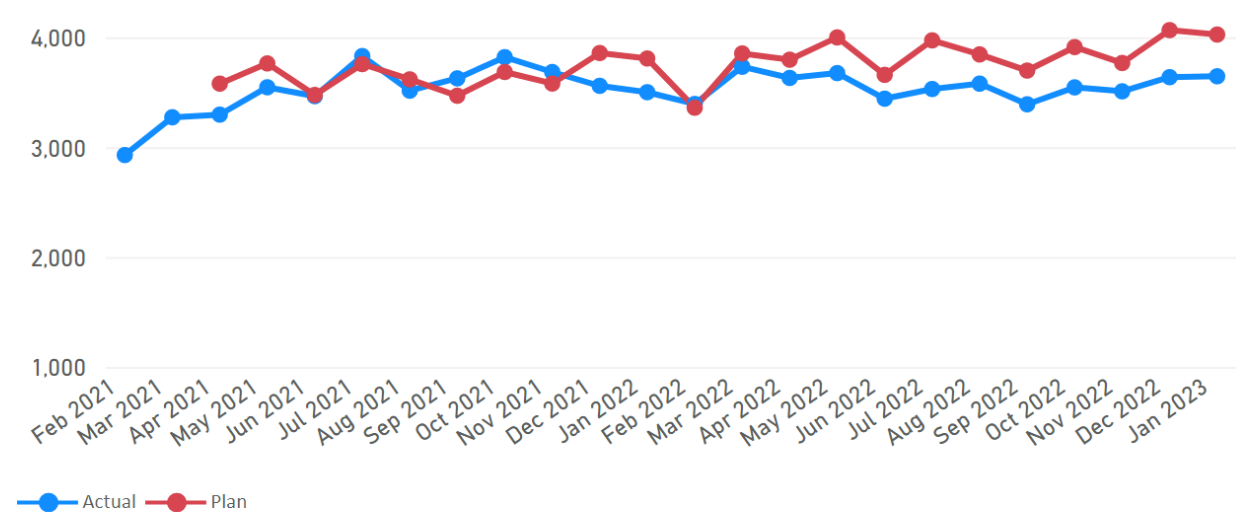
Ordinary Elective admissions



NEL admissions with 0 LOS



NEL admissions with 1+ LOS

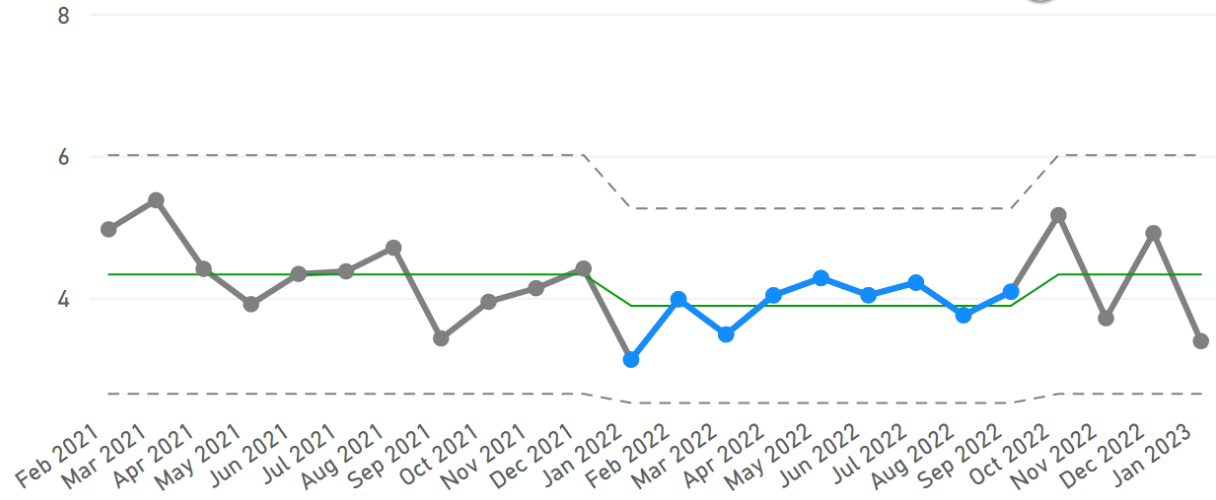


RESPONSIVE

Month Performance Target Trend Assurance

Jan 2023 3.4  N/A

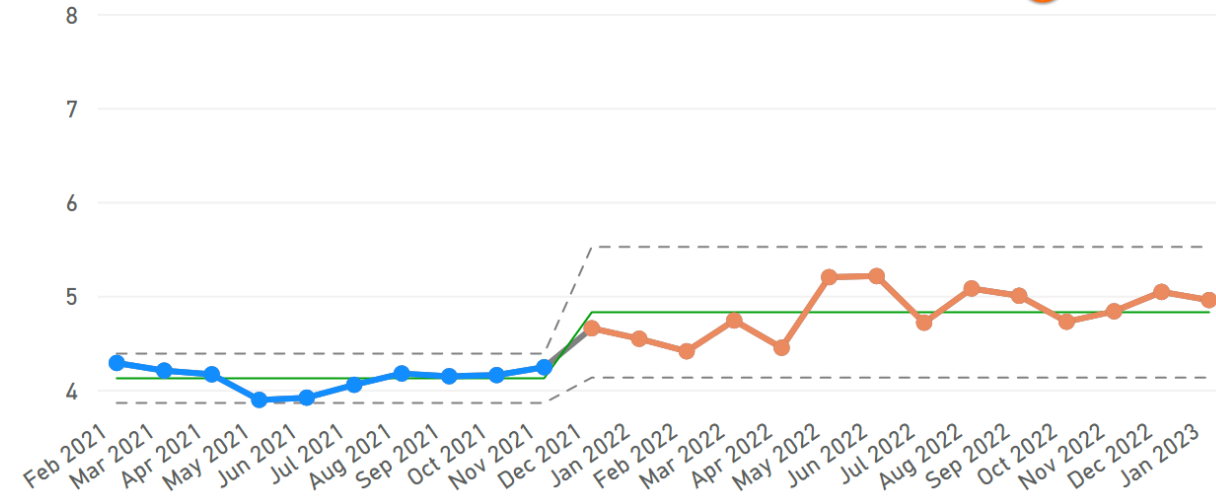
Length of Stay - Elective



Month Performance Target Trend Assurance



Jan 2023 5  N/A

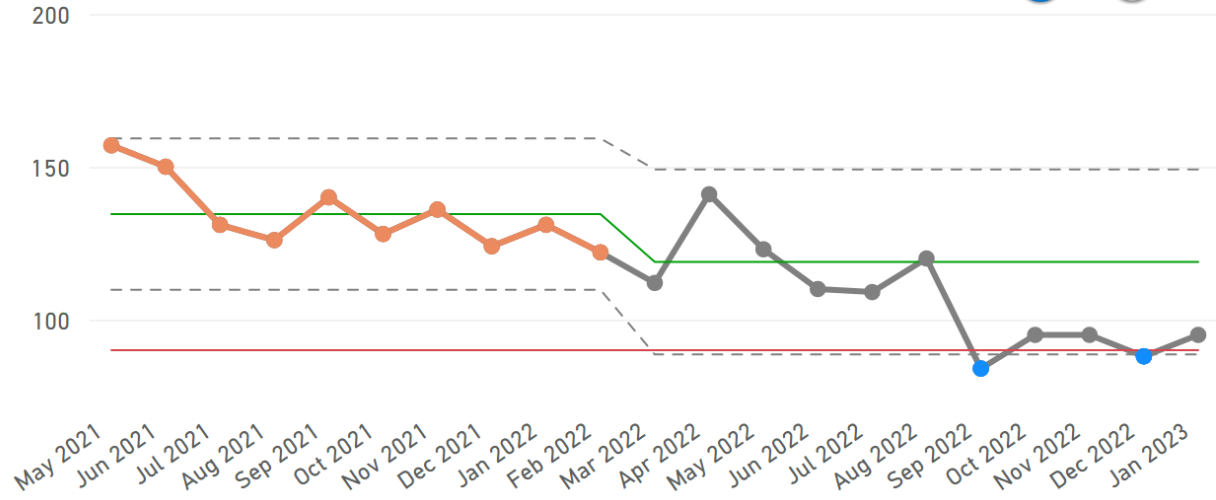
Length of Stay - Non-Elective





RESPONSIVE

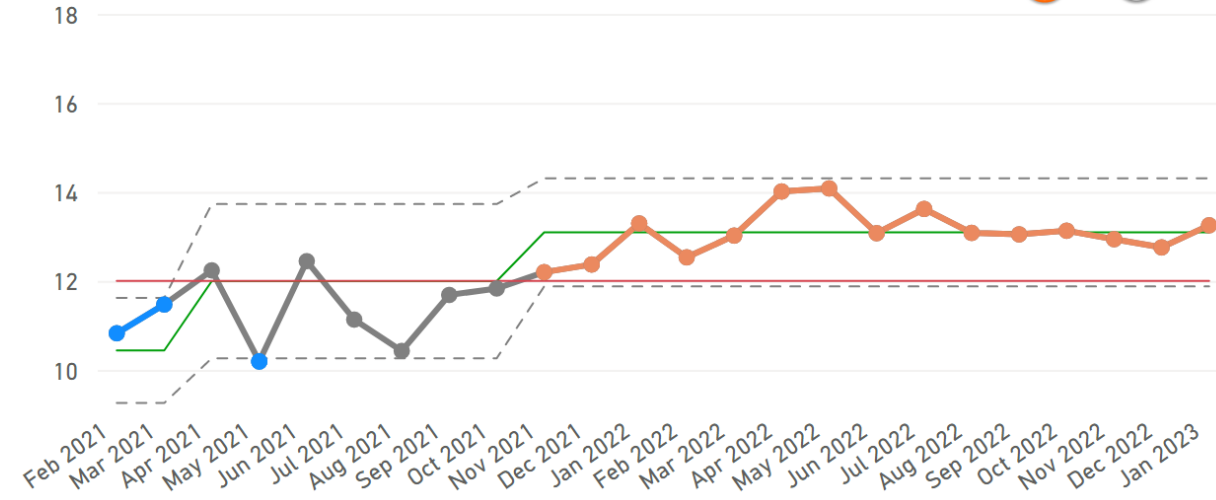
Not Met Not Discharged

Month	Performance	Target	Trend	Assurance
Jan 2023	95	90		



21 Day Stranded Patients (%)

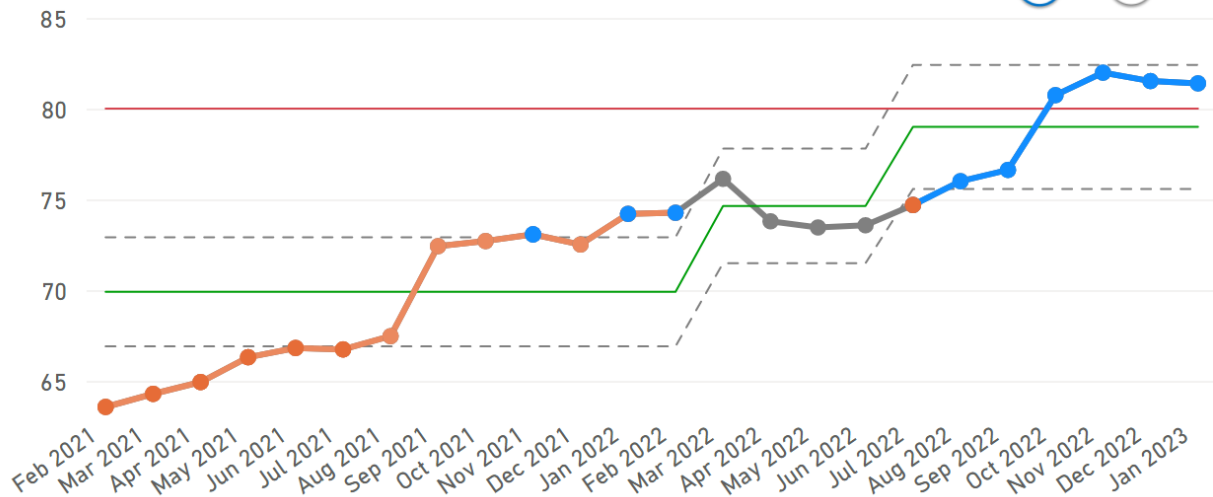
Month	Performance	Target	Trend	Assurance
Jan 2023	13.2%	12%		



WELL-LED

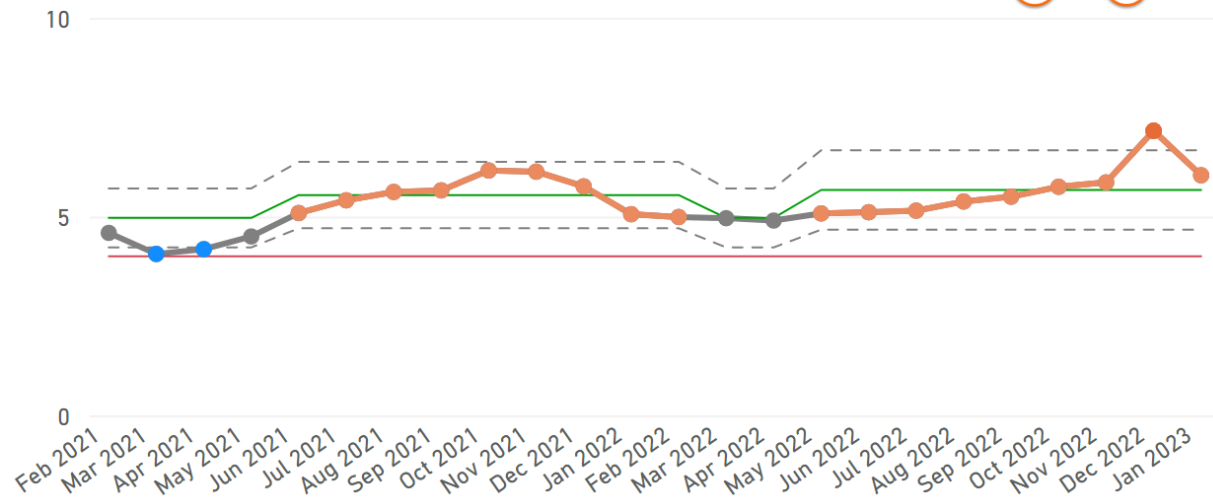
Annual Appraisal (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	81.4%	80%		



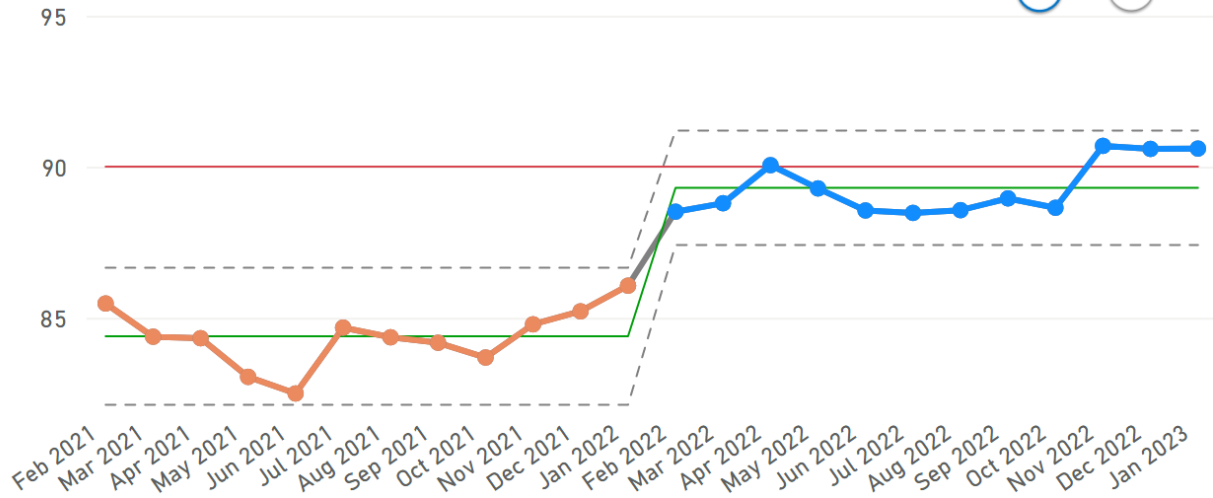
Sickness Absence (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	6%	4%		



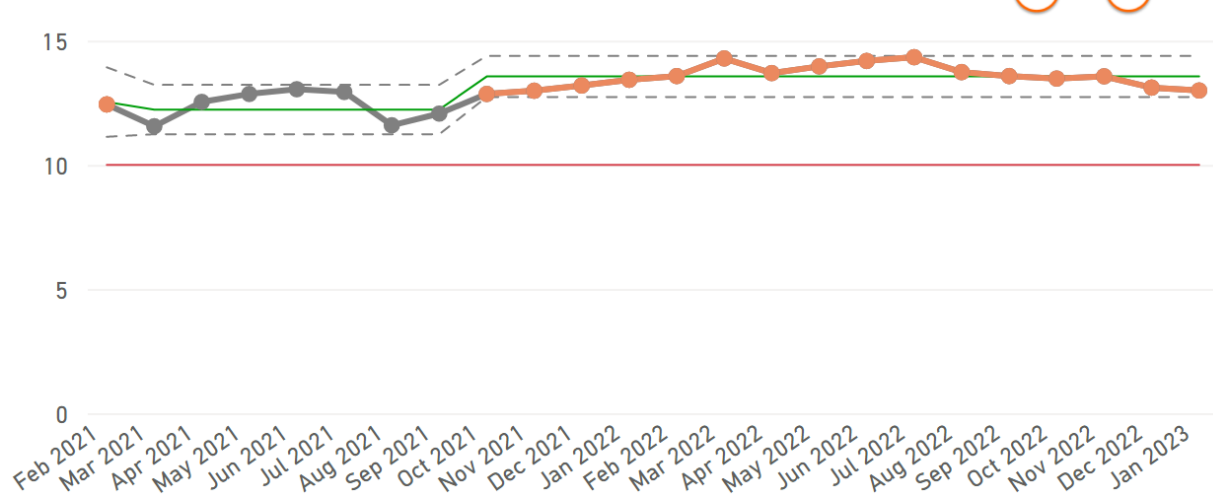
Mandatory Training (%)

Month	Performance	Target	Trend	Assurance
Jan 2023	90.6%	90%		



Staff Turnover (%)

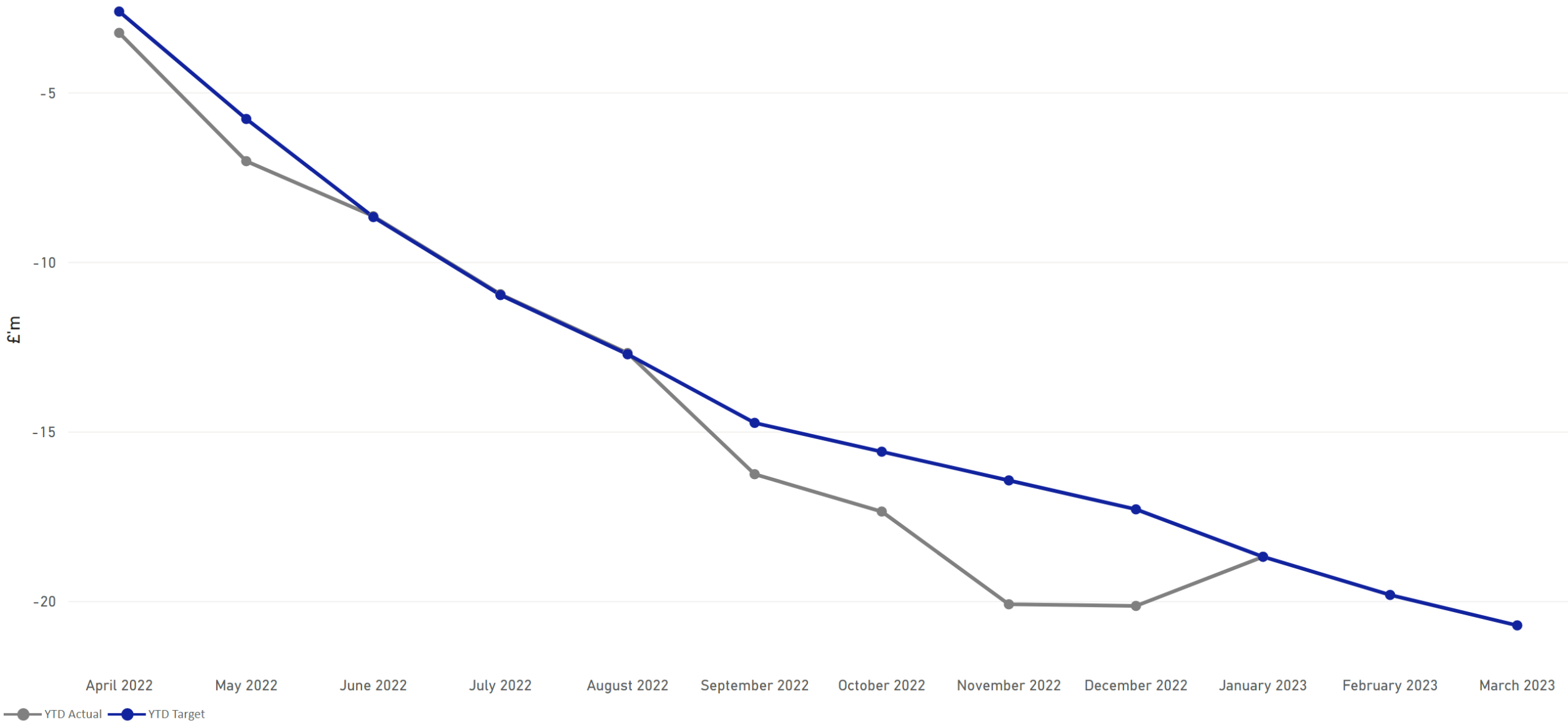
Month	Performance	Target	Trend	Assurance
Jan 2023	13%	10%		



WELL-LED

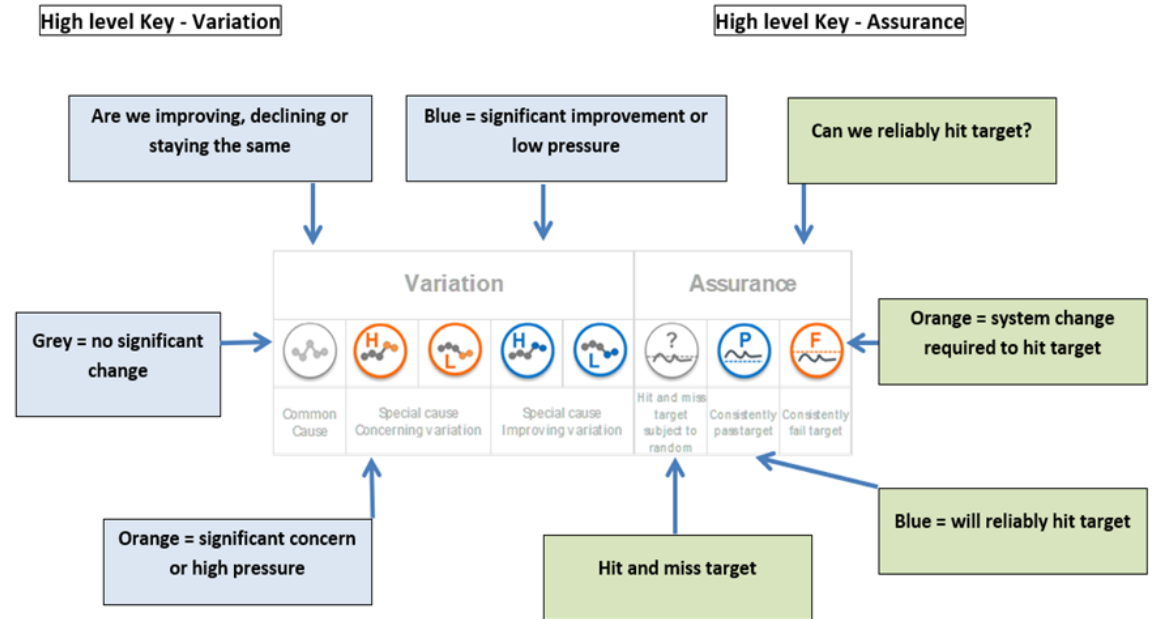
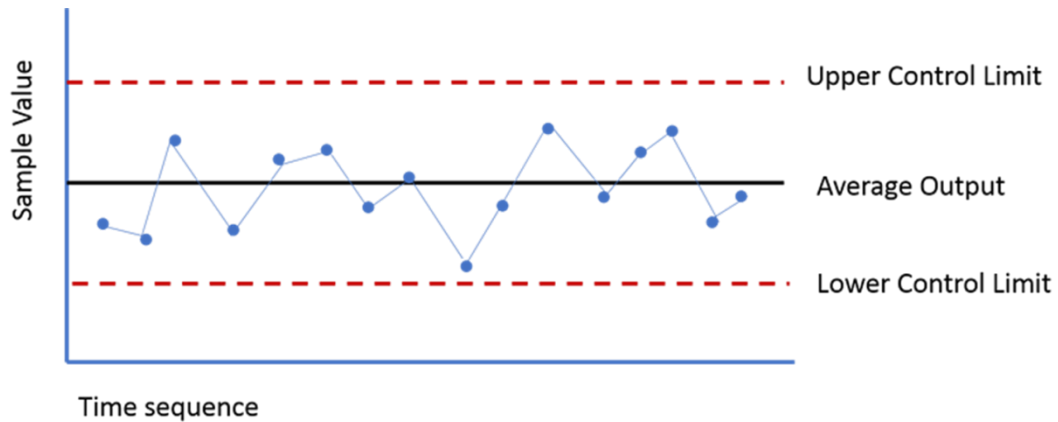
Month	Performance	Target
Jan 2023	-£18.697m	-£18.697m

Cumulative YTD Financial Position (£'millions)



SPC CHARTS

Statistical Process Control (SPC) charts with indicators of variation and assurance, are utilised where applicable, in line with the best practice standards of *Making Data Count*.



MEETING OF THE COUNCIL OF GOVERNORS – 21 MARCH 2023			
Appointment of deputy lead governor			AGENDA ITEM: ENC
Report Author and Job Title:	Jackie White Head of Governance	Responsible Director:	
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input type="checkbox"/> (select the relevant action required)		
Situation	<p>The Council of Governors have appointed a Lead Governor in line with the Code of Governance to facilitate direct communication between the Regulator (NHS England) and the Council of Governors.</p> <p>Most recently (last 16 months) the Lead Governor has provided support to the Joint Chair to progress the development of creating a new health care model in the future to deliver the best benefits for the population of Teesside.</p> <p>The current Lead Governor is Mrs Seward who's term of office is due to end in November 2023. Her role of Lead Governor will end on 31 August 2023.</p> <p>It was agreed at a previous meeting of the Council of Governors that as part of the succession plan for Lead Governor the Council of Governors would look to appoint two deputies to support the Lead Governor with a view to one transitioning into the role of Lead Governor in line with Mrs Seward's term of office.</p> <p>Following an internal process this report sets out a recommendation for Council of Governors for the appointment of two Deputy Lead Governors and the transition arrangements for lead governor.</p>		
Background	<p>The Council of Governors is reminded that a lead Governor should be nominated and details shared with NHS England. Any of the governors may be the lead governor.</p> <p>The Council of Governors should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust and the skills and expertise required within the Council of Governors to meet them.</p>		
Assessment	<p>The role of Lead Governor, most recently has included support to the Joint Chair in working across both South Tees and North Tees & Hartlepool Trust in building relationships and providing support to take forward the joint working across the Tees Valley.</p>		

	<p>The Lead Governor and Head of Governance discussed the skills and experience for the lead governor role and identified suitable governors. A letter was sent to each of them to ask if they wished to be considered for the post and whether they felt they met the skills and experience required for the role. All expressed an interest for a further conversation and following this 2 withdrew from the process. The remaining 2 governors were felt to have the skills and experience to become a lead governor.</p> <p>Therefore, the 2 governors being recommended for deputy governor roles which will commence following approval by the Council of Governors are:</p> <p>Janet Crampton Zahida Mian</p> <p>It is also recommended that as Janet Crampton has just entered her second term of office she will transition into the role as Lead Governor from 1 September 2023 working with Zahida Mian as deputy governor.</p> <p>The terms of office for deputy lead governor would be in line with the terms of office of the governor in post, subject to ongoing review.</p>	
Recommendation	<p>Members of the Council of Governors are asked to approve the appointment of Mrs Crampton and Ms Mian as Deputy Lead Governors and to agree that Mrs Crampton be appointed as lead Governor on 1 September 2023.</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>There are no risk implications associated with this report.</p>	
Legal and Equality and Diversity implications	<p>There are no legal or equality & diversity implications associated with this paper. The Board will continue to be appropriate constituted.</p>	
<p>Strategic Objectives <i>(highlight which Trust Strategic objective this report aims to support)</i></p>	<p>Best for safe, clinically effective care and experience <input type="checkbox"/></p>	<p>A great place to work <input type="checkbox"/></p>
	<p>Deliver care without boundaries in collaboration with our health and social care partners <input type="checkbox"/></p>	<p>Make best use of our resources <input type="checkbox"/></p>
	<p>A centre of excellence, for core and specialist services, research, digitally-supported healthcare, education and innovation in the North East of</p>	



	England, North Yorkshire and beyond <input type="checkbox"/>	
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